

 के. ब. अ. सं.	ICAR- Central Institute for Research on Goats, Makhdoom, Mathura		Doc. No.: CIRG/IS/15
	Revision No.:0.0	Issue No.: 1.0	Dated: 01/05/19
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G.A.R.14

Sub-Bill No. _____

TRAVELLING ALLOWANCE BILL FOR TOUR

Note – This bill should be submitted in duplicate – one for payment and the other as office copy

PART-A

(To be filled in by the Government Servant)

1. Name :
2. Designation :
3. Pay Level/ Grade Pay :
4. Division / Section/ Unit :
5. Headquarters :
6. Purpose of the Tour :

Departure			Arrival			Mode of travel & class of accommodation	Fare paid (in Rs.)	Distance by road (in Km.)
Date	Time (hrs)	From	Date	Time (hrs)	To			

(Dated Signature of the Government Servant)

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11. Particulars of journey(s) for which higher class of accommodation than the one to which the Government servant is entitled was used.

Date	Name of the places		Mode of convenience used	Class to which entitled	Class by which travelled	Fare of the entitled class
	From	To				(in Rs.)

12. Details of journey(s) performed by road between places connected by rail:

Date	Names of the places		Fare of the entitled class	Remarks
	From	To	(in Rs.)	

13. Amount of Advance of Travelling Allowance drawn, if any:

Certified that the information given on prepages is true and correct to the best of my knowledge & belief and that no information has been concealed by me.

Place:

Dated:

Signature of the Government Servant

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PART-B

(To be filled in the bill section)

The net entitlement on account of Traveling Allowance works out to Rs. _____

(Rupees _____ only) as detailed below:

Sl. No.	Particulars	Amount (in Rs.)
a)	Air Fare	
b)	Train Fare	
c)	Other mode of transportation Fare	
d)	Road mileage for _____ kms @ _____/ km	
e)	Daily Allowance: days @ Rs.....per day days @ Rs.....per day days @ Rs.....per day days @ Rs.....per day days @ Rs.....per day	
f)	Gross Amount	
g)	Less: Amount of T.A., if any, drawn vide Voucher No dated.....	
h)	Net amount payable	
i)	Extra amount refunded vide T.R. No..... dated.....	

The expenditure is debitable to the Head of Account: _____

(Dated initials of the Bill Clerk)

(Dated Signature of the D.D.O.)

Countersigned

(Dated Signature of the Controlling Officer)