

**TEQIP-III-CELL****COLLEGE OF TECHNOLOGY AND ENGINEERING, MPUAT, UDAIPUR – 313001 (RAJ)****TA & DA BILL FORM FOR THE TRAVEL**

Student Name	:				
Class & Branch	:				
Purpose of Journey	:				
<b>(A) ONWARD JOURNEY DETAILS (DEPARTURE)</b>					
Date & Time of Departure	:				
Date & Time of Arrival	:				
Place Between Which Travelled Mode of Travel: Train (Sleeper Class) / Govt. Non-Ac Bus (Sleeper)					
FROM	TO	DATE	HRS	PNR NO.	AMOUNT
(1)				(1)	(1)
(2)				(2)	(2)
(3)				(3)	(3)
				TOTAL (A)	
<b>(B) RETURN JOURNEY DETAILS (ARRIVAL)</b>					
Date & Time of Departure	:				
Date & Time of Arrival	:				
Place Between Which Travelled Mode of Travel: Train (Sleeper Class) / Govt. Non-Ac Bus (Sleeper)					
FROM	TO	DATE	HRS	PNR NO.	AMOUNT
(1)				(1)	(1)
(2)				(2)	(2)
(3)				(3)	(3)
				TOTAL (B)	
(C) Registration Fee	:		RECEIPT NUMBER	AMOUNT OF RECEIPT	

(D) Normal Daily Allowances claimed for the number of days approved in tour program @ Rs. 200/- (Per Day)

**CONDITION APPLY**

- Travel days DA will be applicable only when Journey duration is more than 12 hrs.
- Overnight Journey DA not applicable.

NUMBER OF DAYS : \_\_\_\_\_ @ 200/- = \_\_\_\_\_

**GROSS AMOUNT  
(A+B+C+D) Rs.**

:

**CERTIFICATE**

1. I, do hereby certify that the location shown in the T. A. Bill is actual travel undertaken to the best of my knowledge and belief.
2. I, certify that no D.A. has been drawn for \_\_\_\_\_ days of Leave or Holidays.
3. I, certify that concessional fares were not obtained for any of the Bus/ Rail journey.
4. I, certify that Rail/Bus journeys included in the Bill, I travelled by the Air or higher class bus, I am claiming sleeper class /rail applicable fare.
5. I, agree to refund the TEQIP-III, CTAE, Udaipur, any amount that may be objected by auditing agency out of the amount paid to me in this claim.
6. I, certify that I have not drawn / nor do I intend to draw T.A. & D.A. for this journey from any other source.

Signature of the Claimant

**FOR DEPARTMENT USE ONLY**

Entered at Page No. \_\_\_\_\_, Sr. No. \_\_\_\_\_ Register Name \_\_\_\_\_

Signature of the dealing Clerk Passed for Rs. \_\_\_\_\_

(In words Rs. \_\_\_\_\_)

HOD Sign & Seal

**FOR TEQIP-III OFFICE USE ONLY**

Received on dated	:	
Sr. No.	:	

(Signature TEQIP-III Coordinator/Dean)

Entered at Page No. \_\_\_\_\_, Sr. No. \_\_\_\_\_ Register Name \_\_\_\_\_

Passed for Rs. \_\_\_\_\_ (In words Rs. \_\_\_\_\_)

(Signature of the Dealing Clerk)

TREASURY OFFICER

DRAWING & DISBURSING OFFICER