Travelling Allowance Bill of Name :

Name.	Dowt:	ılara af:-	urneys an	d halta		Designation.	Kind of		_	1			
			urneys an				journey i.e.	Number of kilometers	<u>Railway Fare</u> Steamer				
	Departure Station Date	Hour	Station	Arrival Date	Hour	Purpose of Journey	by rail (mail or passenger)		Class	No. of	Amount	Bus fare	
							Steamer / Road			Fares	(Rs.)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
								<u>:</u> 				<u>:</u>	
						Other leave							

Designation:

Note: In the Remarks Column the details of Casual Leave, Other leave, absence, out of Camp should be furnished for

Government Servants for the Month of Head quarters

Pay Rs.				Head qua	irters			
Distance trave for which n admiss	nileage is]	Daily Allowa	ance	Incidental Charges	Terminal Charges	Grand Total	Remarks
At ordinary rates.	At other rates	No. of days	Rate	Amount	•			
(14)	(15)	(16a)	(16b)	(16c)	(17)	(18)	(19)	(20)
	•							•

calculation of Daily allowance.

											Payable at				
				Assistant Pay and Accounts Officer Assistant / Sub-Treasury Officer Sub-Treasury	(mcmall of		п	uu	sury		T.N.T.C. FORM No. 52-A [See Subsidiary Rule 3(d) and 16(A) under T.R. 16] Bill Register No.				
<u> </u>	(SS			ant Pay	3			ounts	ub-trea e true to m.	ture)	Travelling Allowance Bill of the Government Servant				
Pav Order	and figures)	1		Assist Assis				ict Acc	om a S claim ar this clai	(Signature)	Office of the	_			
	rds, and				para	6		ne Distr	rable fr dinthis cable to		(For use in Treasury / P. A. O.)				
	(in wo	,			nd ente	19		ed in th	nen pay icts state fas appli		Name of the Treasury / P.A.O. Token No. Date				
	Pay Rupees (in words,	. ysı			Examined and entered Accountant	P		Incorporated in the District Accounts on	To be filled when payable from a Sub-treasury ind that all the facts stated in this claim are true to the bit Orders there of as applicable to this claim.		Computer Input Data (To be filled in by Treasury)				
	Pay	in cash			Exar	Dated		Inc	To be or		2 Month and Year Treasury 3 Voucher No				
			the	cer	fficer		I		entheret		P. A. O. 4 S.A. No.				
Rs. Rs. Rs. Rs.			Signature of the claiment	Drawing Officer	Controlling Officer	Rs.		Balance	es and Orders pertin		Drawing Office Code Do. Amount Leave Travel Concession 3 0 1 0 7 Travel Expenses 3 0 4 0 1	I			
*** ***		enger)						Ä	ment Rul		D.P. Code				
Amount remitted in Challan No. Dated Total DEDUCT Advance T.A. on transfer Tour Advance Net Claim	Rupees	Please pay to (Score this entry if Payment is not endorsed to a Bank or messen			Counter signed fo Rs. (Rupees	MEMORANDUM	Allotment for	Expenditure including this bill	Certified that the amount claimed in the bill was not drawn before. Certified that the amount claimed in the bill was not drawn before. Certified that the claim made by me is in accordance with all Government Rules and Orders pertinent hereto and that all the facts stated in this claim are true to the best of my knowledge and belief. I am aware that I am fully responsible for any error in respect of facts, rules Government Orders there of as applicable to this claim.	Station : Date :	Head of Chargeable Major Head: Minor Head: Sub-Major Head: Minor Head: Sub-Head: Sub-Head: For use in A.G.'s Office Admitted for Rs. Claimed for Rs. Reasons for Objection				
									1.	W2 100					

(Under Rs.

Number

S.O.