

Gross Total Claim:		Rs.
Deduct advance, if any,		Rs.
Drawn on _____		_____
(Net claim)	Total Rs.	_____

Certified that:

- i) I travelled in the Class of accommodation to which I am entitled.
- ii) I was present in the camp on all days for which daily allowance has been claimed.
- iii) The distance for which mileage claimed are correct to the best of my knowledge.
- iv) I have not preferred this claim previously.

Date:

**SIGNATURE OF THE MEMBER
WHO TRAVELED**

May be passed for Rs. _____ (Rupees in words _____)

_____)

Date:

HEAD OF THE DEPARTMENT / CENTRE / SECTION

Head of Account: 31.06.04 -TA DA to Officers, Board & Senate Hospitality

_____)

By payment of Rs. _____

By Adjustment Rs. _____ Passed for payment Rs. _____

(Rupees in words _____)

_____)

DIRECTOR

Received Rs. _____ (Rupees in words _____)

_____)

Date:

**SIGNATURE OF STAFF MEMBER
WHO TRAVELED**