# SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY, THIRUVANANTHAPURAM

**T.A BILL FOR THE PERIOD FROM………………………………………….. TO……………………………..**

Name & designation…………………………………………… Purpose of journey : H T C/ L T C for……………………

Department:……………………………………………………. 20 - 20 to visit ………………………………………

Ref. of authority for traveling……………………..…………… Actual Pay Rs………………………………………………

NAME OF THE PERSONS WHO HAVE ACTUALLY PERFORMED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DEPARTURE | ARRIVAL | Kms | Mode of Con- veyance | FARE |
| Date | Time | Station | Date | Time | Station | Class | Rs. | Ps |
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|  |  |  |  |  |  |  |  | TOTAL |  |  |

THE JOURNEY (Ref: Order dtd. 20/2/1990)

|  |  |  |
| --- | --- | --- |
| Name | Age  | Relationship |
| (1) |  |  |
| (2) |  |  |
| (3) |  |  |
| (4) |  |  |
| (5) |  |  |
| (6) |  |  |
| (7) |  |  |
| (8) |  |  |

# Tour approved and claim allowed Subject to rules and verification by Finance & Accounts Division

|  |  |  |
| --- | --- | --- |
| Abstract of claims | Rs. | Ps. |
| Fare(The Nos of Railway/Bus Tickets should be in dedicated here if the tickets are not available) | - |  |
| TOTALLess advance received Net payable |  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| TA Bill passed for Rs. |  | (gross & Nett) |
| (gross) & Rs. |  | (Nett) An advance |
| of Rs. | drawn on | adjusted |
| Asst. Section Head | FA / CAO | Director/Admn.Officer |

Received Rs………………………..(Rupees…………………………

… only)

Claimant’s Signature

**Certificate**

CERTIFIED THAT:

1. I/members of my family have actually travelled by class of accommodation claimed and to which I am entitled and the railway fare claimed was paid by me.

Stamp

1. I have actually travelled by mail express train for which fare as per mail express train has been claimed.
2. The claim for the road portion is the actual fare paid by me for journey by public bus or journey performed in vehicles operated by Tourist Development Corporation in Public Sector, StateTransport Corporation and Transport Services run by

other Government or Local Bodies.

Claimant’s

Signature

Signature

Name & Designation

Date: Employee Code No.