

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

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

Name &amp; designation.....

Purpose of journey : H T C/ L T C for.....

Department:.....

20 - 20 to visit .....

Ref. of authority for traveling.....

Actual Pay Rs.....

DEPARTURE			ARRIVAL			Kms	Mode of Conveyance	FARE		
Date	Time	Station	Date	Time	Station			Class	Rs.	P.s
								TOTAL		

NAME OF THE PERSONS WHO HAVE ACTUALLY PERFORMED  
THE JOURNEY (Ref: Order dtd. 20/2/1990)

Name

Age

Relationship

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

Abstract of claims	Rs.	Ps.
Fare		
(The Nos of Railway/Bus Tickets should be indicated here if the tickets are not available)		
TOTAL		
Less advance received		
Net payable		

**Tour approved and claim allowed Subject to rules and verification**

**by Finance & Accounts Division**

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

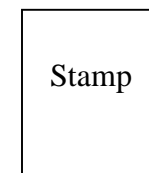
Received Rs.....(Rupees.....  
.....only)

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.
2. I have actually travelled by mail express train for which fare as per mail express train has been claimed.
3. 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, State Transport Corporation and Transport Services run by other Government or Local Bodies.



Claimant's Signature

Signature  
Name & Designation  
Employee Code No.

Date: