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|  | कार्यालय महालेखाकार (लेखापरीक्षा)मेघालय, शिलांग - **793 001.****OFFICE OF THE ACCOUNTANT GENERAL (AUDIT),****MEGHALAYA, SHILLONG – 793 001**.EMail: Email: agauMeghalaya@cag.gov.in Fax No: (0364) 2223494 |

**APPLICATION FORM FOR GRANT OF T.A. ADVANCE**

Name: **--------------------------**Designation: **-----------------------------** Pay: **-------------** **(Level: )**

Name of tour station/s:

1. Date of commencement of tour:
2. Date of completion of tour:

**1.** Fare:From: to & Back = ₹

 From: to & Back = ₹

**2.** Hotel Charges: @ Rs x days = ₹

3. Food expenses: @ Rs x  days = ₹

4. Local Travelling Expenses: @ x days = ₹

 **TOTAL: =** ₹ Less 10 % = ₹ Advance Admissible **=** ₹

Dated: Signature of the Govt. Servant

An amount of Rs **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**may kindly be sanctioned.

Sr. Audit Officer (Claims) Deputy Accountant General (Admn)