Sub-bill No…………….. ………  **A/C NO-**

 T.R-25 A

TRAVELLING ALLOWANCE BILL FOR TOUR

Note: - This bill should be prepared in duplicate, one for payment and the other as office copy.

**PART-A** (To be filled up by Government Servant)

1- **Name :**

**2- Designation :**

**3- Pay :**

**4- Headquarters :** O/o Pr. Director of Audit (Central), Lucknow (INDT Wing)

**5**- **Details and purpose of journey (s) performed:-**

 **Address:-**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Departure** | **Arrival** | **Mode of travel and class of accommodation** | **Fare Paid** | **Distance in Kms. for road mileage** | **Duration****Of halt** | **(Purpose of journey)** |
| **Date & Time** | **From** | **Date & Time** | **To** |
| **Rs** | **P** |  | **Day** | **Hr** |  |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

6- **Mode of journey:-**

1. **Air:-**

(a) Exchange voucher arranged by officer Yes/No.

1. Ticket / Exchange voucher arranged by ……….

 **Rail :-**

1. Whether traveled by mail/express/ordinary train?

Whether return tickets available? Yes/No.

1. If available whether ticket

**III.**

 **Road :-**

Mode of conveyance used i.e. by Govt. transport / by taking

*FULL TAXI /AUTO RICKSHAW*

a taxi, a single sit in a bus or other public conveyance / by

sharing with another Govt. servant in a car belonging to him or

to a third person to be specified.

**7-Dates of absence from place of halt on account of:-**

1. R.H- NIL
2. CL- NIL and E. L -NIL
3. Not being actually in camp on Sundays and Holidays

**8- Dates on which free board and / or lodging provide by the State or any organization financed by State- funds:-**

(a) Board only

*NO FREE BOARDING AND/ OR LODGING PROVIDED*

(b) Lodging only

(c) Board and Lodging

**9 .**Particulars to be furnished along with hotel receipts etc., in case where higher rate of D.A is claimed for stay in hotel / other establishments providing board and / or a lodging at scheduled tariff-

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL . No** | **Period of Stay** | **No. of Days** | **Name Of Hotel** | **Daily Rate of Lodging charges** | **Total Amount Paid (In Rs.)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |

10- **Particulars of journey (s) for which higher class of accommodation than the one to which the Govt. servant is entitled was used:-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Name of places | Mode of conveyance used | Class to which entitled | Class by 16which traveled | Fare of the entitled class |
| From | To |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
|  |  |  |  |  |  | **Rs** | **P** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

If the journey (s)by higher class of accommodation has been performed with the approval of the competent authority, No. and date of the sanction may be quoted**. NO**

**11-Details of journey (s) performed by road between places connected by rail:-**

|  |  |  |
| --- | --- | --- |
| Date**1** | NAMES OF PLACE | Fare paid**4** |
| From **2** | To **3** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**12-** Amount of T.A advance, if any, drawn. Rs. .

Certified that the information, as given above, is true to the best of my knowledge and belief**.**

Signature of the Govt. Servant

Date

(4)

**PART-B (To be filled in the Bill Section)**

**1.** The net entitlement of traveling allowance works out to Rs………………………

As detailed below:-

1. Railways/air/Bus/steamer fare: - Rs………………………………………
2. Road mileage for …………….Km @ Rs…………………………...P/Km
3. Daily allowance

(i)……………………../ Day @ Rs………………...../ Per day

(ii)……………………./ Day @ Rs…………………./ Per day

(iii)……………………/ Day @ Rs…………………./ Per day

 (d) Actual expenses / Rs………………

 / Rs………………

 / Rs………………

 / Rs………………

 Gross amount

1. Less of T.A advance, if any, drawn vide Voucher No………......date…………….. Rs….

Net amount Rs…..

**2**. The expenditure’s debitable to …………………………………...

 Signature of D.D.O.

Initials of bill clerk

 Countersigned

 …………………………………… Signature of Controlling Officer

**Annexure A**

 **EXPENDITURE INCURRED ON ACCOUNT OF JOURNEY PERFORMED DURING TOUR.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Date** | **Name of Hotel/Place of stay** | **Name of the Auditee Unit/Place of Training** | **Distance in K.M.** | **Mode of conveyance** |  **Fare paid by me**  |
| **1** | **2.** | **3.** | **4.** | **5.** | **6.** | **8.** |
| 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Total Claimed Rs .**

 **(Signature)**

Name-:

Designation-:

**EXPENDITURE INCURRED ON ACCOUNT OF FOOD BILLS DURING TOUR**

This is to certify that Shri ----- was on at From to , (**Total days**) as per details below and incurred expenditure on account of my food bills amounting **Rs. /**- @ of **Rs.**  per day.

 **Claimed Rs. /- Total ( days)**

 **Signature**

( Name- )

 Designation-