Guru Ravidas Ayurved University, Hoshiarpur – 146001

TA/DA BILL

Name (In Block Letters) …….	Purpose of Journey ……
Designation …….....	……...
Basic Pay/Declared Income for Non-employees for T.A. purpose	Date of Meeting/Inspections, (if any) ……...
…….	Bill Register Page …….
	Voucher No..…….

Departure			Arrival			Mode of Journey	Distance for Road mileage		Amount	
Station	Date	Time	Station	Date	Time		K.M.	Rate	Rs.	Paise

1. Mode Of journey
   Notes : Deluxe/AC Bus/1st Class Rail/Air
   (Tickets – attached)
   (a) By rail : Class
   (b) By bus (Ord./Delux/A.C.) …….
   (c) Own Car No./Staff Car No./taxi No ……..
   By Air : Ticket No …….

2. Journey/Halting days …….. (a) ……
   …….. (a) ……...

   Local Conveyance if any
   (Details on separate Sheet) ……

   Total : ……..

Declaration : Certified that …

(i) Particulars provided herewith are correct & that I have not claimed T.A./D.A. etc. for this journey from any other public source.
(ii) I was not provided free lodging and/or Boarding at the cost of Govt./University or any autonomous body.
(iii) Certificate for Payment at the Spot.

Certified that I shall perform the return Journey from _____to _____
By the same mode as claimed in the T.A. Bill.
Signature* ……..
Address ……...
Countersigned …….....
Received payment Affix Rs. 1/- Revenue Stamp If amount exceeds Rs. 5000/-
Signature* …….
(*Please sign. at both the places)

For use in Accounts Branch

Passed for Rs. _____
(Rupees _____
_____

OSA DRA F.O. Registrar

Bill Register No. _____
Cheque No. _____Dt. _____