



G.L. Bajaj Group of Institutions, Mathura

DA Bill

(When College Transport is provided)

File No. _____

(For Office Use Only)

Date of Duty : _____ Timings of Duty : _____

(Start & End Time)

Venue : _____

Purpose : _____

Expense Details

1. Toll Tax : ₹ _____

2. DA : ₹ _____

(A+B+C)

S N	Name of Employee	Designation	Amount
A			₹
B			₹
C			₹

Total Expenses : ₹ _____

(Rs. In Words)

I hereby declare that the above expenses have been made by me and this bill is produced first time and No DA in respect of this bill, has been claimed or is payable from any other sources.

Date : _____

(Claimnant's Signature)

CHECKING/VERIFICATION

APPROVAL

Remarks : _____

Remarks : _____

Date : _____ (Signature)

Date : _____ (Signature)