



G L BAJAJ GROUP OF INSTITUTIONS
MATHURA (UTTAR PRADESH)

Voucher No.....
(For Office Use Only)

TRAVELLING & DEARNESS ALLOWANCE BILL

Full Name of Claimant: _____
(In Block Letters)

Designation: _____

Department: _____

Deputed by: _____

Purpose : _____
(Ticket No./Receipt No. should be mentioned in the remarks column)

Departure		Arrival		Mode of Conveyance i.e. Institute Vehicle, Rail, Bus, Taxi or Auto Rikshaw	Class (In case of Rail/Bus)	Fare		Distance travelled by Road			Daily Allowance				Total Amount	Remarks
Station/Place	Date & Time	Station/Place	Date & Time			Distance in Km.	Amt.	No. of Kms.	Rate	Amt.	Date	No. of Days	Rate	Amt.		
Total Amount																

I _____ hereby declare that the above bill has been produced first time and No TA/DA in respect of this bill, has been claimed or is payable from any other sources.

ENCLOSURES TO BE ATTACHED:

- a. Ticket (in original) and/or bills in respect of expenses.
- b. Local conveyance shall be on production of bill or self-certification.

Date : ___/___/___

(Signature of Claimant)

(Approval Authority)

Acknowledgement

Received a sum of ₹ _____ (Rupees _____)
through CASH / Cheque No. _____ dtd. _____.

Date : ___/___/___

(Signature)