



INDUS INTERNATIONAL UNIVERSITY

V.P.O Bathu, Distt. Una (H.P)

Ph: - 01975-398200, website: - www.iiuedu.in

TA / DA Bill

Name (in block letters):-..... Designation:-.....
 Department..... Date of Meeting / Inspection Purpose of Meeting & Journey.....

(A) TA/DA/ Toll Tax etc. (Please fill separate sheet for local journey).

Departure			Arrival			Mode Of Journey & vehicle No.	Distance for Road Mileage		Toll Tax etc.	Total Amount Rs.)	D.A (Rs)	Total Amount (Rs.)
Date	Station	Time	Date	Station	Time		Km	Rate				
Details of local journey as per sheet attached												
(Please add additional form if required)											Total (A)	

(B) Accommodation / Lodging Claim (Please see instructions overleaf)

Place	Bill No.	Total Amount(Rs)
Please attach additional form if required		
Total (B)		
Grand Total (A+B)		

Certified that:-

- Information provided herewith is correct & that I have not claimed TA/DA for this journey from any other Public Source and bill is submitted first time.
- I was not provided free lodging and/or Boarding at the cost of Govt. /University or any autonomous body. (If provided please attach Boarding / Lodging/Both Bills.)
- Certified that I have traveled by shortest route and I will perform return journey by same route and.....mode of conveyance/as claimed.

The above Meeting/journey claim is verified to be true & correct.

Verified (Sign. & Name of officer of the Concerned Department)

Signature of Claimant

For Use by Accounts Office only

Head of Account:-.....Passed for Rs...../- Or return in original with remarks as attached.

A.O.

F.O.

Registrar

PVC/VC