

NOTE : This bill may please be submitted in duplicate alongwith the origina money receipts.



MOHANLAL SUKHADIA UNIVERSITY, UDAIPUR

TRAVELLING ALLOWANCE BILL

Name
 Designation.....
 Pay.....

Date
 Head Quarter.....
 With full address.....

Departure Station	Date	Hrs.	Arival Station	Date	Hrs.	Kind of Journey Rail/Road/ Air etc.	Class	Amount Rs. P	Mileage	DA	Purpose Journey
1	2	3	4	5	6	7	8	9	10	11	12

Rs. P.

Total amt. of Col. 9
 Total amt. of mileage is claimed 10
 Total amt. of DA Col. 11
 Total

Principal/Dean/Head of the Department

Received in cash
 Signature

CERTIFICATE

1. Certified that the payment of this bill have not been drawn previously.
2. Certified that I have travelled in the same class for which T.A. has been claimed.
3. Certified that the D.A. has been claimed for the days on which I conducted the examination/ attended the meeting.
4. Certified that the propulsion charges were brone by me.
5. Original money receipts of fare are enclosed.
6. Ticket number is

Date
 Signature

(For use in the Comptroller's Office)

RECEIVED PAYMENT

Signature with
 revenue stamp
 of 1/- Re. If the
 amount
 exceeds
 Rs. 500/-

Countersigned and
 Dates Varified

Pay..... (In words)

Controller of Examinations

Section Officer

Controllter