

# **Dean(SRICCE) Office**

# **Claim for Travelling Allowance**

PROJECT No./ Agency	
Name	
Designation	
Purpose of Journey	

# 1. Journey details (Air/Train/Bus)

Mode		Departure			Arrival		Amount
	Date	Time	Place	Date	Time	Place	In Rs.

# 2. Road mileage (Taxi/Auto/Bus)

Mode	Date	Time	From	То	Distance (Km)	Amount

# 3. Registration/Poster paid (if any)

Receipt No	Date	Amount

# 4. Accommodation/

Stay Period (No of days)	Bill No./Date	Amount
Food Charges		

5. Total Amount Claimed	: Rs.
Advance Drawn	: Rs.
Balance	: Rs.

# Certificate

Certified that the tour has been performed as per the approval and the information furnished is true and correct

#### SRICCE OFFICE USE

The Tour claim verified with tour approval and forwarded to sricce accounts for payment

Fund Availability

Yes / No

Dealing Assistant SRICCE Cell

Date:

# AR (SRICCE)

# SRICCE ACCOUNTS

Claim	Amount Rs.
1. Journey (Air fare/ Train fare)	
2. Hotel Rent	
3. Road Mileage (local Travel)	
4. Registration Fees, if any	
5. Daily Allowance	
6. Per diem	
Total	
Less: Advance Paid (Advance No. adjusted)	
Net Payable	

TA bill for payment for Rs.

Dealing Assistant, Sricce Accounts

AR (Sricce)

IAO