



Teerthanker Mahaveer University

TRAVELLING CLAIM BILL

Name & Designation:
 College/Department/Section:
 Purpose of Journey:

Period of Visit From.....
 To.....

DEPARTURE			ARRIVAL			K.M.	FARE*	HOTEL	MILEAGE	LOCAL
Date	Time	Station	Date	Time	Station					
							A	B	C	D
TOTAL										

*I have undertaken the journey by my own Car No.
 Leave if any during the period.....

<p>Approved for Payment</p>	<p>Approving Authority Name: Designation:</p>
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<p>Bill checked and passed for a sum Rupees <input style="width: 150px;" type="text"/></p> <p>Rs. <input style="width: 350px;" type="text"/></p> <p>Accounts Department</p>	<p>Authorised Signatory</p>
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Total A+B+C+D	Rs.	<input style="width: 100px;" type="text"/>
Food and other expense/ D.A. for days @	Rs.	<input style="width: 100px;" type="text"/>
Other expenses as enclosed	Rs.	<input style="width: 100px;" type="text"/>
Total Claim	Rs.	<input style="width: 100px;" type="text"/>
Advance if any	Rs.	<input style="width: 100px;" type="text"/>
Net amount payable	Rs.	<input style="width: 100px;" type="text"/>

Signature:
Date: