TRAVELLING ALLOWANCE BILL

Board of Intermediate & Secondary Education, Gujranwala.

(T. A. /D. A., Will be Paid According to the Provincial Govt. (Punjab) T.A., Rules)

Name.....S/O.....Qualification.....Designation
(Capital letters)

Basic pay on the date of journey Rs.....

Purpose of journey.....Mode of Journey (Rail/Bus/own Car).....Basic Pay Scale No.....

Particulars & route of journey						Journey performed by Rail/Bus/B.Car/Own Car/Taxi			Daily Allowance At Rs.....per day		Total
Departure			Arrival								
Station	Date	Hour	Station	Date	Hour	Class and Number of Fares	No. of Kilo Meters	Amount in Rupees	No. of Days	Amount in Rupees	Amount in Rupees
1	2	3	4	5	6	7	8	9	10	11	12
					Grand Total:						

DECLARATIONS

(Not to be left un-Signed)

I hereby declare that;

1) This claim is not a source of earning and journey was performed in the interest of public service Board.
2) The stay during the intervening period at destination was necessary and I did not leave the place of duty /Examination centre during the period for which this allowance has been claimed whole of the journey in respect of this bill has
3) The class/mode actually traveled has been charge.
4) No traveling allowance for any part or the whole of the journey in respect of this bill has been drawn claimed by me from any other public source
5) I am class.....Officer/Official and entitled to draw.....class traveling and halting allowance in my own Department/Organization
6) The journey was performed by Road/Rail and the distance between.....and..... is.....Kilo Meters by road which is the shortest route to reach the destination.
7) I traveled by my own/borrowed.....car/Motorcycle. The Registration No. of the Car/Motor-Cycle is.....

Signature

ATTESTED

Head of the office

Controlling Officer

Duty as_____
Bill verified for payment _____ **working days,**
if permissible under the rules.

Supdt. **ACS/ACC** **ASF/DSF**

(FOR OFFICE USE ONLY)

Paid Rs.....
Rs (in words).....
.....
Head of Charge.....
Cheque No.....
Date.....
Asstt./Dy. Secy. (Finance)

Head of Account.....
Budget Allotment Rs.....
Amount of the Bill Rs.....
Upto date-expenditure including the amount of This bill. Rs.....
Balance availabe. Rs.....
Budget Clerk Superintendent

Received Payment
(Must be signed)
Signature.....
Identity/Centre No.....
Full Address.....
.....
Marking Centre.....
.....

Rs.1 revenue stamp to be fixed here up to Rs.2000/-, Rs.2/- if it exceeds Rs. 2000/- & Rs.5/- if it exceeds Rs. 10000/-

Sanctioned and
Passed for payment of Rs.....
Rs.....
.....
Asstt./Dy. Secretary (Finance)

For use in the Board's Office

Passed for Payment of Rs.....
Rs.....
.....
Auditor Audit officer