



C. U. SHAH UNIVERSITY

Wadhwan City

Ann.No.17

(Re-Revised)

UNIVERSITY TRAVELLING ALLOWANCE BILL

For

(Winter/Summer Examination _____)

Full Name: _____ Designation: _____

Pay Scale OR Pay Band + Grade Pay : _____ Existing Basic Pay : _____

Employer's Institute Name: _____ Mobile No: _____

Institute Name & Code (Place of Exam): _____ E-Mail ID: _____

University Authority letter No _____ Date: _____
(Copy should be attached)

Details of Travelling for Examination Purpose

(A) Details of Journey

Date	Place		Distance (k.m.)	Mode of Journey	Class	Fare Paid (Rs.)	Type of Fuel used if travelled by car	Car Number	Remarks
	From	To							
Total									

(B) Dearness Allowance

Dates for which D.A. is Claimed	Total No. of Days	Rate of D.A.	Total Amount of D.A. Claimed
Total			

(Amount in Words) _____ Grand Total (A+B)(Rs.): _____

Date: _____

_____)

Signature of Claimant

CERTIFICATE

It is to certify that the details shown above are True & that the Claim made in this T.A. Bill is Correct according to the Rules/Norms of the University as amended from time to time.

(Signature of Claimant)

NB: In case of Travelling by car, a copy of R.C. Book and toll tax receipt are required to be attached.

I have personally verified the details shown above by the claimant and found correct.

(Head of Department / Dean)

(FOR USE OF UNIVERSITY OFFICE ONLY)

CERTIFICATE

It is to certify that the details mentioned above in this bill have been verified and found correct according to the rules/norms of the university as amended from time to time.

Date: _____

 Controller of Examination

 Pro Vice-Chancellor

CERTIFICATE

It is to certify that the amount claimed in this bill has been verified and found correct according to the rules/norms of the university as amended from time to time

It is also to certify that this bill has not been paid previously and presented for the first time

Admitted for Rs: _____

Objected for Rs: _____

Reasons for Objection Rs: _____

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Section Officer
Exam. Branch