

BAHUBALI COLLEGE OF ENGINEERING, SHRAVANABELGOLA
TA & DA CLAIM FORM

1. Name of the Staff : _____
 2. Designation : _____
 3. Department : _____
 4. Pay including allowances : _____
 5. Purpose of the Journey : _____

6. ONWARD JOURNEY

- a) By: _____ From: _____ To: _____
 b) Date & Time of departure: _____
 c) Date & Time of arrival at the destination: _____
 d) Actual fare (Tickets to be attached) Rs. _____

7) RETURN JOURNEY:

- a) By: _____ From: _____ To: _____
 b) Date & Time of departure: _____
 c) Date & Time of arrival: _____
 d) Actual fare (Tickets to be attached) Rs. _____

8) DAILY ALLOWANCE (DA)

- a) Rate of D. A Rs. _____
 b) Number of days: _____
 c) Amount Rs: _____

9) LODGING CHARGES:

- a) (Bills to be attached) Rs: _____

10) MISCELLANEOUS: (Taxi / Auto, Phone, etc.) _____

List to be enclosed with vouchers) _____

11) Total Rs: _____

12) Advance drawn Rs: _____

13) Difference Rs: _____

- 14) Enclosed separately a brief report of the journey to be forwarded through the HOD

Signature: _____

Counter Signed by the HOD: _____

Office Use

a) Verified & bills are Passed for Rs. _____ (Rupees: _____)
 _____)

Signature of Accountant

approved by Principal

b) Paid / Received Rs _____ Vide Cheque /ReceiptNo _____ Dated. _____