

UTTARAKHAND AYURVED UNIVERSITY

Travelling Allowance Bill

Name: _____ **Post:** _____ **Office/Department:** UAU **Pay Band:** _____
Bank Name: _____ **A/C. No.** _____ **I.F.S.C. Code:** _____ **Grade Pay:** _____
Mob. No. _____ **E-Mail ID:** _____ **Financial year:** _____
Official Mailing Address: _____

DEPARTURE			ARRIVAL			Amount	MILEAGE			DAILY ALLOWANCE			Actual/Other Expenses	Gross Amount (10,13,16,17)	Purpose of Journey		
Date	Time	Station From	Date	Time	Station to		Distance (K.M)	Rate @	Incidental charge	Days	Rate Per Day	Amount					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

Certificate

- 1- The Journey has been actually performed in the interest of the University .
- 2- The Journey has been actually performed in the class for which charges claimed.
- 3- The claim is being preferred for the first time and has not been drawn before.
- 4- The road distance shown in the bill are correct to the behalf my knowledge.
- 5- The Journeys and halts were made under sanction of the departmental authority.

Signature of Claimant
 Date-
 Bill Passed Rs..
 Finance Officer/ Account officer

Bill verified

Registrar
 U.A.U., Dehradun.
 Journey Approved
 Signature & Designation of Competent Authority

(Rs.)