INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

TRAVELLING ALLOWANCE BILL (External Claimants only)

Name Designation Organization Pay	: : (Grade Pay / Pay Level)				Project Code E-mail id / Phone no. Bank a/c no. IFS Code Bank					: CET-P-SKH-03 : : : :			
1. PARTICULARS OF JOURNEY (from Station Departure Station Date Time				Arrival Station Date			e	Mode of journey (Air/Train/ Steamer/Bus)	Fare (Rs.)	Distance Travelled (in km)	Ticket Nos./ Remarks		
2. PARTICUL USED DATE	ARS OF LOCAL CON			VEYANCE		Mode of journey (Auto/Taxi/Car)		Fare (Rs.) (Vo		Remarks oucher Attached) Yes/No	Please attach: (a) Tickets, where applicable. (b) Boarding Pass is mandatory for Air Ticket. (c) Proof of payments in all cases. (d) All bills to be signed by the claimant.		

3. PARTICULARS OF OTHER EXPENSES INCURRED (Please attach proof in all cases)						
Hotel/Lodging Charges	Rs.					
Food Charges	Rs.					
Other Changes (if any)	Rs.					
Other Charges (if any)	KS.					

4. PURPOSE OF JOURNEY

	mount claimed (in Rs.) e write "as per rules" if not sure)		FOR OFFICE USE ONLY (Research & Development)				
Advan	ce taken (in Rs.)		Railways/Air/Ste	eamer/Bus Fa	re (in Rs.)		
	nount claimed (in Rs.) leave blank if all details are not filled)		Road Mileages (i i. @ RsP/k		Ms		
 I do hereby certify that: The distances for road journeys shown in the bill are correct to the best my knowledge, I have travelled in a class of accommodation not lower than the ones 			Food Charges (in Rs.)				
3. 4.	which fares are claimed in this bill and to which I at The journeys were performed by the shortest route The claims for journeys mentioned in this bill have nor paid from any other sources.	Accommodation Charges (in Rs.) Total Admissible Amount (in Rs.)					
	I was / was not treated as a guest of a Government / was not allowed free boarding and / or lodging Government/ the Institution visited, I have / have not availed any free transport of this for the journeys for which claims have been made.	at the expenses of that Institute or anyone else	Less: Advance (i. Paid ii Paid Net Amount (Ru				
	, ,				AR(R&D)) DR (R&D)	
			ority				
Date:	Signature of	f the Claimant	Dean / Assoc. Dean (R&D)				