

TRAVEL CLAIM BILL FOR TOURPART-A (TO BE FILLED UP BY NHSRC Personnel

1. Name :
2. Designation :
3. Division :
4. Office : NHSRC/ RRC NE/ MOHFW
5. Details and purpose of journey(s) performed:

Departure		Arrival		Mode of travel and class	Fare paid (NHSRC/ STATE/ SELF) (Rs)	Distance in Kms for road mileage	Duration of halt	Purpose of journey
Date & Time	From	Date & Time	To					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

6. Mode of journey:

(i) Air

a) Air Ticket Booked (NHSRC Agency/ State/ Self)

Yes/No

P.T.O

- (ii) Rail
 - (a) Rail Ticket booked (NHSRC Agency/ State/ Self)
 - (b) Travel by admissible booking. Yes / No
 - (c) Travel on Tatkal Ticket Yes / No

(iii) Road (Please √)
 Mode of conveyance used, i.e. by NHSRC transport/by hiring taxi, /a single seat in a bus or other public conveyance/by sharing with another NHSRC in a cab/ personal car

- 7. Date of absence from the place of halt on account of RH / CL/ Consolidate Leave during the tour

- 8. Dates on which free board and/or lodging provided by the State or any other organization financed by the State Fund.
 - (a) Board only.....
 - (b) Lodging only.....
 - (c) Board and lodging

- 9. Particulars to be furnishing along with hotel bill etc. for stay in hotel/other establishments providing board and/or lodging as per entitlement.

Period of stay		Name of the Hotel/ establishment	Daily rate of boarding/ lodging charged (Inclusive of all taxes)	Total amount paid
From	To			

10. Particular of journey(s) for which higher class than the one to which the NHSRC Personnel is entitled:

Date	Name of Places		Mode of conveyance used	Entitle Class	Class by which traveled	Fare of the entitled Class
	From	To				

If the journey(s) by higher class then the prior approval of the competent authority taken.

11. Details of journey(s) performed by road between places connected by train:

Date	Name of Place		Fare paid
	From	To	

Date of prior approval of competent authority

12. Amount of Advance, if any, drawn:/-

PART-B

The net entitlement on account of Traveling Allowance works out to Rs.as detailed below:-

- (a) Railways/Air/Bus/Steamer fare
 - (b) Total Amount paid on Road travel (between districts)
 - (c) Total Amount paid on Accommodation
 - (c) Daily Allowance:
 - (i) _____ days @ Rs. _____ per day
 - (ii) _____ days @ Rs. _____ per day
 - (iii) _____ days @ Rs. _____ per day
 - (d) Local Conveyance/ Others (Specify)
 - Gross amount**
 - (e) Less: Amount of TA advance drawn, if any
 - (f) Previous amount is to be debit able (if any) Rs. _____
 - Net Amount** Rs

I certified that the information, as given above, is true to the best of my knowledge and belief.

Signature of the claimant with date

Claim Verified by Sect. Asst with date

CERTIFICATE FOR TRAVEL CLAIMS

1. Certified that I actually travelled by the class for the T.A. claimed in this bill.
2. I have submitted boarding pass for Air travel. If not then please provide reason and confirm not submitting to any other organization for claim.....
.....
3. Certified that number of kilometers shown in this bill is in accordance with google map distance.
4. Certified that I was actually not merely contrusively in outstation on Sundays and holidays for which daily allowance is claimed.
5. Certified that I was not on leave/ weekend during the period for which daily allowance has been claimed.
6. Certified that I incurred running expenses a personal car in this journey.
7. Certified that the road journeys in entitled class for which kilometer has been claimed were performed in my own car and approve by appropriate authority. (RTO rates)
8. Certified that the road journeys for which mileage is claimed were performed by road but were charged by rail in entitlement class. The number of kilometers..... actually travelled by road.
9. For all hotel booking through web portal (Make My Trip, OYO, Yatra etc.) a confirmation from hotel regarding occupancy on letter head/ web portal booking is mandatory, if not then hotel bill should be attached.

Signature of the claimant

**Approved by Executive Director /Director RRC NE /Advisor/ PAO/ Appropriate Authority
(Signature & Designation of the controlling officer)**



For Accounts Section

Scrutinized & Passed Amount.....

Checked by.....

Verified by.....