

COOCH BEHAR PANCHANAN BARMA UNIVERSITY

T.A. & D.A. CLAIM FORM

PART-I

(To be filled by the claimant)

Name (IN CAPITAL):

Contract No:

Designation:

Basic Pay & Level:

Department:

Address:

Place & Purpose of Journey:

Tour Approved by (letter enclosed)

Details of Journey

A(i) :Onward & Return Journey by Air/Train/Bus/ River

| From | | To | | Km. | Mode of Transport & Class | Actual Fare Paid (Rs.) | PNR/Ticket No.(Enclosed ticket) |
|-------------|-------|-------------|-------|-----|---------------------------|------------------------|---------------------------------|
| Date & Time | Place | Date & Time | Place | | | | |
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A(ii):Internal Travel by Train/Bus/River/Auto/M.Cycle/Bi-Cycle/Toto

| Date | Time | From | To | Km. | Mode of Transport | Actual Fare Paid (Rs.) | .(Enclosed bill/ /receipt/ticket) |
|------|------|------|----|-----|-------------------|------------------------|-----------------------------------|
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A(iii):Details of Motor Cab (Taxi) Hire Charges

| Date | Place | Hiring Agency | Cab No. | Charges Paid (Rs.) | Enclosed Original Bill/Receipt |
|------|-------|---------------|---------|--------------------|--------------------------------|
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B.Details of Lodging

| Date of Arrival | Date of Departure | No. of Days | Name of the Place & Hotel/Guest House (Attach Approval) | Amount Paid (Rs.) | Enclosed Original Bill/Receipt |
|-----------------|-------------------|-------------|---|-------------------|--------------------------------|
| | | | | | |
| | | | | | |

| C.Details of Food Charges | | | | | | |
|---|-------------------|-------------------------------|--------------------------------|--|-----------------------------------|------------------------------|
| | Period of Staying | | Food charges Claimed | | Total(Rs) | Amount Admissible(Rs) |
| | From | To | No of days | Rate(Rs) | | |
| A-1 | | | | | | |
| A | | | | | | |
| B-1 | | | | | | |
| Other | | | | | | |
| Total | | | | | | |
| Statement of Claim | | | | | | |
| Particulars | | | | | Total Claim(Rs) | Amount Admissible(Rs) |
| A(i)Onward and Return Journey | | | | | | |
| A(ii) Internal Travel | | | | | | |
| A(iii) Motor Cab Hire charges | | | | | | |
| B.Lodging charges | | | | | | |
| C.Food Charges | | | | | | |
| D. Any other charges –to be specified with document(s) | | | | | | |
| Total(A+B+C+D) | | | | | | |
| Less Advance drawn, if any | | | | | | |
| Cash/Cheque No: _____ Date: _____ | | | | | | |
| Net Claim | | | | | | |
| The above details submitted by me are true & correct | | | | | | |
| Name (IN CAPITAL) | | | Bank Name & Branch: | | | |
| A/C No: | | IFS Code: | | | | |
| Place: _____ | | Date: _____ | | Full Signature of Claimant | | |
| Signature of the Controlling Authority | | | | | | |
| PART-II | | | | | | |
| <u>FOR USE IN FINANCE /PAYING DEPARTMENT</u> | | | | | | |
| Passed for Rs. _____ Adjusted Rs. _____ Net Payment Rs. _____ | | | | | | |
| Head of A/C: _____ Department: _____ | | | | | | |
| Signature of Dealing Assistant | | Internal Audit Section | | Signature of Finance Officer/Paying Officer | | |
| <u>RECEIPT/PRE RECEIPT</u> | | | | | | |
| Received Rs. _____ (Rupees in Word: _____ only) | | | | | | |
| in Cash/by Cheque no: _____ Dated: _____ | | | | | | |
| Date: _____ | | | | | Full Signature of Claimant | |