Voucher No. ____________

DR. HARI SINGH GOUR UNIVERSITY, SAGAR (M.P.)

(T.A. Submission Form)

University A/c No. .... A/c Head ....

Project Name & No. (if any) ....

1. Employee/Student Name ....
2. Whether Permanent or Temporary...
3. PF/Roll No. .... Designation...
4. Department ....Basic Pay : Rs ....
5. Purpose of Journey ....

PARTICULARS OF JOURNEY AND HALTS

Departure			Arrival			Mode of journey	Class	Road Kms	Fare (Rs.)	Details of Flight/Train & Tickets
Station	Date	Hours	Station	Date	Hours					
							Total Kms		Total Fare = Rs.	

Hospitality : Availed on .... days / Not Availed ....

1. Total Fare: Rs. .... 2. Road Kms: .... @Rs. .... = Rs. ....

3. Daily Allowance: No. of days: .... (i) Food Bills Rs ....(ii) Hotel Bills ....

4. Other actual expenses incurred: = Rs. ....

Total Claim (1+2+3+4) = Rs. ....

Advance drawn = Rs. .... Net Claim = Rs. ....

Certified that all parts of the journey have been performed in accordance with the CERTIFICATE/TICKETS (enclosed)

No. of Enclosures: Date: Signature......................................

AUDIT SECTION

Pay Rupees: ....

Dealing Clerk/Assistant Supt (Audit) Assistant Registrar (Audit)

Sanctioned

Registrar / V.C.

PAYMENT SECTION

Dealing Clerk Assistant SO A. R. A/C Finance Officer

Paid in Cash / Cheque No. Dated