|  |  |  |
| --- | --- | --- |
|  | **TRAVELLING ALLOWANCE REIMBURSEMENT/SETTLEMENT FORM**  **(Travel for Project/Consultancy related Work from Project / Consultancy Fund)** | **Review Date:**  **Sheet 1 of 2**  20 \_\_- 20 \_\_ (Financial year) |

NCU FORM - 24

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emp. Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dept.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project/Consultancy No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Budget Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Journey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Advance Drawn (Rs.)(if any) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of drawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*INSTRUCTIONS FOR PREPARING TRAVELLING ALLOWANCE/REIMBURSEMENT BILLS:*

1. Claim must be properly filled in and submitted within 15 days of completion of journey in case advance has been drawn. Failure to do so would entail recovery of advance in single installment from the next salary.
2. Money Receipts/Ticket numbers/PNR (in case of travel by rail)/copy of paper ticket or e-ticket with boarding pass (in case of travel by air) should be furnished along with the T.A. bill.
3. All contingent expenses claimed for which bills are not available should be self-certified.

**A. Travel between Cities/Countries including local to and fro from Airport/Railway station etc.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Departure** | |  |  | | **Arrival** | | |  | **Mode: (Air/Train/ Road)** | **Distance**  **(in km)** | **Fare/Cost** | **PNR No. and/orTicket NO.** |
| **Date** | **Time** | **Place** | | **Date** | **Time** | | **Place** | | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |
|  |  |  |  |  |  | |  |  | |  |  |  |  |

**B. Other Expenses e.g. Lodging, Boarding, Registration fee, Visa fee, Insurance etc.**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Particulars** | **Amount Paid** | **Receipt Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Certified that**

* All claims mentioned in this form correspond to actual expenditure incurred by me for which no reimbursements/claims have been made from any other source (Govt./Private/Others).
* I was not provided with any free boarding/lodging/conveyance/registration fee waiver/travel coupons for which claim has been made.

Signature of the Claimant with Date

Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of enclosures \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report on Visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certified that the claimant has made the travel and other expenses in connection with the work related to the project/consultancy.**

Signature of P.I.  
Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOD certify that the leave of kind due was sanctioned to the claimant as travel is justified.

Head of the Dept. Dean RDIL Acct. Officer

Date\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Note:1. Motor car or Four Wheeler : @Rs.16.00 per km.

2. Any other mode of Transportation on production of actual bills.