



# INDIRA GANDHI NATIONAL OPEN UNIVERSITY

IGNOU REGIONAL CENTRE, JAIPUR, RAJASTHAN



## TRAVELLING ALLOWANCE BILL

NAME : \_\_\_\_\_

DECIGNATION : \_\_\_\_\_ BASIC PAY: \_\_\_\_\_

ADDRESS : OFFICIAL \_\_\_\_\_ RESIDENTIAL: \_\_\_\_\_

1 Date and time of departure from Headquarters : \_\_\_\_\_

2 Date and time of arrival at Jaipur : \_\_\_\_\_

3 Date and time of departure from Jaipur : \_\_\_\_\_

4 Date and time of expected arrival at Headquarters : \_\_\_\_\_

5 Air/1<sup>st</sup> /2<sup>nd</sup>/ class railway fare ,to & from : \_\_\_\_\_

6 Ticket No : \_\_\_\_\_

7 Round Jouruey (Total Kms) : \_\_\_\_\_

8 Sitting charges/fee : Rs. \_\_\_\_\_

9 Daily allowance for \_\_\_day (s) : Rs. \_\_\_\_\_

10 Purpose of visit/tour : \_\_\_\_\_

11 Total claim : Rs. \_\_\_\_\_

### CERTIFICATES:

1. I certify that no travelling allowance from any public, semi-public authority for a part or whole of the journey in respect of the above bill has been claimed by me.
2. I certify that I have been provided accommodation by IGNOU at \_\_\_\_\_ Jaipur for which I have /have not made payment.
3. I certify that I have/ have not taken lunch, coffee, etc., at the accommodation provided to me and I have/ have not paid the bills.

COUNTERSIGNED BY

Director / HOD

Date:

Place

SIGNATURE OF CLAIMANT

CONTENTS RECEIVED

Revenue  
Stamp

Signature of Claimant

**FOR OFFICE USE ONLY**

- 1. Sitting fee : Rs. \_\_\_\_\_
- 2. Fare (Train/Air : Rs. \_\_\_\_\_
- 3. Mileage (Kms.) : \_\_\_\_\_
- 4. D.A. : Rs. \_\_\_\_\_
  
- Total : Rs. \_\_\_\_\_

**PAY ORDER/CASH**

Passed for payment of Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_ only)

To

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

**Asst. /Sr. Asst**

**Section Officer**

**Asst. Registrar**

**Regional Director**