

Shri Vishwakarma Skill University

(Established under State Govt. Act.25 of 2016)

TRAVELLING ALLOWANCE CLAIM

TA claim for the date/ month/year		Designation	
Name:-		Headquarters	
Basic Pay		Grade of Government employee	

Departure place & station	Date & time	Arrival place & station	Date & time	Purpose of journey	Mode and class of journey performed in public conveyance , accommodation & ticket Nos	Actual cost of travelling for journey	Local/ road mileage allowance if ,journey performed by own vehicle or taxi/ auto rickshaw & toll charges, if any			Hotel charges, if any, along with receipt No	Daily allowance			Total columns 7+10+ 11+ 14	Remarks
							Km.	Rate	Amt		No of days	Rate	Amt		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Total Rs.

In Word: -Rs.

Amount of advance, if already taken	Rs.
Treasury voucher No & Date	

(Signature of the Claimant)

Passed for the amount Rs..... (in words.....) Minus advance already taken

Rs..... Net payable Rs..... (In words.....) (Signature of Accounts Officer)

CERTIFICATES
Declaration by the Government Employee

- (1) Certified that the journey beyond jurisdiction was performed by me after the approval of competent authority.
- (2) Certified that the journeys as claimed in the T.A. Bill were actually performed by me by the mode of transport as per my entitlement as shown in my approved tour programme.
- (3) Certified that I was actually and not merely constructively on duty on Sundays and Holidays, for which daily allowance has been claimed.
- (4) Certified that I was not absent or on casual leave during the period for which daily allowance has been claimed.
- (5) Certified that I was not treated as state Guest during the period for halt and provided with free lodging and boarding.
- (6) Certified that return ticket was purchased for journeys where such tickets were available.
- (7) I do understand that in case it is found that the claim or part thereof is based on wrong facts, I shall be liable to the disciplinary action for major penalties under the Haryana Civil Services (punishment and Appeal) Rules or relevant rules applicable to me.

Date: _____

(Signature of the employee)