H.P.T.R. 7

TRAVELLING EXPENSES CLAIM FORM

1. Establishment

:_____Monfh :_____20

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Head Qrs.:

- 2. Name & Designation
- 3. Basic Pay
- 4. Purpose of Journey

DEPARTURE		ARRIVAL		Km./	Rate/	Actual	D	DAILY ALLOWANCE			TOTAL
Station	Date & Hour	Station	Date & Hour	Mode Clas of of	Class of Travel	Paid	Hotel Charges (if any)	No. of Days	Rate Admiss- able	Amount	OF LINE
1	2	3	4	5	6	7	8	9	10	11	12
" GRAND TOTALS "											

(DETAILS OF THE CLAIM)

1.	Total of Column No. 12 (B.F.)	Rs. :					
2.	Terminal Transportation Charges	Rs. :					
3.	Local Transportation Allowance	Rs. :					
4.	Transfer Grant	Rs. :					
5.	Personal Effects	Rs. :					
	Wt.:Rate :Amount	Rs. :					
6.	Conveyance Charges	Rs. :					
7.	Miscellaneous (Specify)	Rs. :					
8.	GROSS AMQUNT	Rs. :					
9.	Less Advance of TA/TTA drawn vide						
	T/V NoDt.:	Rs. :					
10.	NET AMOUNT PAYABLE	Rs.:					
		(Signature of Claiment)					
Passe	ed for Rs(Rupees)	1					
		(Signature of D.D.O.)					
(Signature of Controlling Officer) (Signature of D.D.O.) (TO BE USED IN AUDIT OFFICE)							
Admitted for Rs. :							
Objected to Rs.:							
Reason for Objection:							
ACCO.							
		(Accounts Officer)					
INSTRUCTIONS							
1	Tour Diary should invariably be attached with the claim.						
1. 2.	In case of transfer claim, the details of members of the family with age along with details of						
3.	personal effects be given. The Receipt Nos. of Hotel and carriage charges bills be quoted against the relevant						
4.	Column. Ticket Nos. should be quoted, when journeys are performed in a class higher than the ordinary class.						

राजकीय मुद्रणालय, हि0 प्र0, शिमला—2231—सी0पी0 एण्ड एस0/2014–10–2–2014–3,00,000.

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