## TRAVELLING EXPENSES CLAIM FORM

Basic 1	Pay			*					Les man		
	e of Jou	rnev :				nead Qr		22,52 30			-
DEPART	JRE Date	AR		Mode	Rate/  Classof  Travel	Fare Paid	Hotel  charges	No.	Rate    Admiss-	Amount	TOTAL OF
1	Hour 2	3	Hour 4	Travel 5	6	rate of the	(ifany)	9	lible	11	12
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## (DETAILS OF THE CLAIM)

1. Total of Column no. 12 (B.F.)						
at about of column no. 12 (bil.)	Rs.:					
2. Terminal Transportation Charges	Rs.:					
. Local Transportation Allowance	Rs.:					
. Transfer Grant	Rs.:					
	The state of the s					
Wt.:Rate:Amoun						
	Rs.:					
	_ Rs.:					
	Rs.:					
. Less Advance of TA/TTA drawn vide						
T/V No Dt	Rs.:					
O.NET AMOUNT PAYABLE	Rs.:					
Passed for Rs. (Rupees)						
Signature of Controlling Officer)						
(TO BE USED IN	AUDIT OFFICE)					
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H.P.G.P.--CP&S/98-4161-15-12-98-8,00,000.