

INDIRA GANDHI ENGINEERING COLLEGE, SAGAR (M.P.)

TA/DA CLAIM FORM (TEQIP III)

Name of the Applicant: Designation: Department:
 Institute Name (for external members)..... AGP/Pay Level: DA Entitlement.....
 Purpose of Visit Name of Bank/Branch.....
 Account No. Bank's IFSC Code: PAN No.
 Amount of advance drawn, if any:

1. Claimed Fares (Air/Rail/Bus/Taxi/Own Car) (Copy of tickets and boarding pass, where applicable, be enclosed):

Departure		Arrival		Mode of Journey	Train/Flight No. & PNR/Ticket No.	Fare/km (Rs.)	Distance (km)	Total (Rs.)
From	Date & Time	At	Date & Time					
Total Rs.								

2. Details of Local Conveyance Charges:

Date	City	Place		Fare/km (Rs.)	Distance (km)	Mode of Travel - Taxi/ Auto/Other	Fare Total (Rs.)
		From	To				
Total (Rs.)							

3. Reimbursement of Daily Allowance (Hotel/Food Charges):

Sr. No.	Date	Bill details	Amount (Rs.)	Sr. No	Date	Bill details	Amount (Rs.)
Total (Rs.)							

4. Others, if any:

Total Claim Amount (1+2+3+4) Rs. In words (Rs.).....

I, hereby certify, that

1. This bill has been claimed by me for the first time.
2. I have actually travelled in the class for which T.A has been claimed in this bill.
3. I shall refund the excess amount if any, drawn by me, found in subsequent scrutiny or audit contents received.

Signature of the Claimant
Date: Place:

Signature of the Claimant

(FOR FINANCE OFFICE USE)

Admitted for Rs..... Disallowed/Added Rs Passed for Rs.....

Accountant/Dealing Assistant in Accounts
TEQIP-III

Nodal Officer (Finance)
TEQIP-III

TEQIP Coordinator
IGEC SAGAR

Principal
IGEC SAGAR