NATIONAL INSTITUTE OF AYURVEDA, JAIPUR

T.A. CLAIM FORM

1.	Name		
2.	Designation & Present Posting Institution/Deptt./ Office		
3.	Present Residential Address		
4.	Basic Pay and Grade Pay	B.P. Rs.	G.P. Rs.
5.	Date and Time of Departure from Station	Date	Time .....
6.	Distance from Residence to Railway Station / Bus Stand / Air Port and Fare Paid		..... Kms. Auto/Taxi Fare: Rs.....
7.	Journey from ..... to ..... (By Air / Train / Bus) (Self Attested Ticket & Boarding Pass Enclosed)		Class of Train / Bus: Fare Paid: Ticket No: Air Fare Paid:
8.	Date and Time of Return Journey	Date	Time .....
9.	Return Journey Details From ..... To ..... (By Air / Train / Bus) (Self Attested Ticket Enclosed)		Class of Train / Bus: Fare Paid: Ticket No: Air Fare Paid: Ticket No:
10.	Distance from Railway Station/ Bus Stand / Air Port to Residence and Fair Paid		..... Kms. Auto/Taxi Fare: Rs. .....
11.	Daily Allowance/Seating Charges/Registration fees	..... days @ Rs ....Total Rs.	
12.	Hotel Charges	.....days @ Rs. .....Total Rs.	
13.	Total Claim Rs.		
14.	Purpose of Journey :-		

Signature of Claimant

Journey/Attendance Verified

Signature of Competent Authority
With Seal

P.T.O.

Bill No.: ..... Date : .....

Passed for payment Rs. .....

In Words Rs. .....

Bill Clerk **Accountant** **D.D.O.**

Pl. Pay Rs. .....

In Words Rs. .....

Accountant / A.A.O. **Accounts Officer** **Director**

Paid by Cash / Cheque No. ..... Dated .....

for Rs. .....

Cashier **H.O.D. / Director**

Received Payment Rs. .....

Signature : .....

Name : .....

Designation : .....

Bank details if payment required by RTGS/NEFT/ECS

Name of Bank:	
Name of Bank Address:	
Account No. :	
IFSC Code:	

Signature