

UNIVERSITY OF KERALA
TRAVELLING ALLOWANCE BILL

Name of the Officer who travelled:
Designation & Official Address :
Journey:
Name of Bank / Branch :
Head Quarters :

Voucher No.:

Basic Pay:

for the Month & Year
Month & Year of

Bank Account No.:
IFS Code:

Head of Account chargeable

Date & Hour		Place		Mode of Travel	Distance (Km)	Fare / II/III AC/Class	Incidental Expense	Road Mileage allowance		DA for Halt	Others (Specify)	Total (Rs)	Purpose of Journey
Departure	Arrival	From	To					Rate / Km	Amount				
Halt at:													
Total (Rs)													

Place:
Date:

CERTIFICATE

- (1) Certified that the amount claimed in this bill has not been drawn by me previously.
 - (2) Certified that I have actually travelled in the class for which the fare is claimed in this bill.
 - (3) Certified that I shall refund the excess amount, if any, drawn by me, found in subsequent scrutiny or audit.
- Contents received. Please credit the amount to my bank account No. given above.

*Signature &
Name of Claimant*

Assistant Section Officer

Asst. Registrar / Deputy Registrar (Audit) Asst. Registrar (Cash)