भारतीय विज्ञान शिक्षा एवं अनुसंधान संस्थान बरहमपुर
Indian Institute of Science Education and Research Berhampur
Established by the Ministry of HRD, Govt. of India

T A Claim

Date:

Institute A/C:	Project A/c No:
Name:	PF/RNo:
Designation:	Department:
Level/GP:	Purpose:
Dt. of Travel Approval: (Pl. enclose the copy of travel approval)	

I. Journey Particulars

Departure			**Arrival**			Mode (Rail/Air/Road)	Class	KMs	BillNo./ PNR No.	Rs.
Station	Date	Hr.	Station	Date	Hr.					
Total Rs										

II. DA/Other Claims and summary:

		Particulars (if any)	Rs
1.	Actual food expenses incurred		
2.	Accommodation Charges		
3.	Other Expenses,if any: (Encl. Bills &List)		
	Grand Total:		
	Less Advance, if any:		
	Net claim: Payable/Refundable (+/-)		

I certify that the Journey has been performed by entitled class and tickets have been booked at the lowest fare available for destination at the time of booking. The expenditure claimed is actual and true.
I further certify this claim is not preferred to and paid from any other source

III. Honorarium: ***Signature of the claimant***

Amount Rs (per day/Session):_____ x No. of days/sessions: _____
Total Honorarium Amount Rs _____ PAN No-

Desired mode of Payment:*(Pl. ✔)*

1. Cheque			
2. Bank Details *for NEFT /RTGS /Wire Transfer*			
Bank Name:-			
Account Holder's Name		***Account No.***	
IFSC Code / SWIFT Code / IBAN			

IV. Payment Break-up:

Payment to Travel Agent		Rs	
Payment to Self		Rs	

V. Approvals

Grand Total (I , II & III) Rs.		
Recommended by *PI/Dept. Coordinator/ HOD*	*Forwarded & Recommended by* *DR(Admin)*	*Approved* as per Rules *Registrar / Director*

VI. For the use of F&A office only:

Passed for an amount of Rs:		In words:	
Dealing Assistant	Jr. supdt (F&A).	Supdt(F&A)/AR(F&A).	DR(Admin)/Registrar

1. ***Receipt / Pre-Receipt:***Received Cash/ Cheque No. for Rs:
2. Mrs/Ms/Mr has been authorized to receive the payment on my behalf.

Date: **Signature of the Claimant / Recipient**