

# The Islamia University of Bahawalpur



Name: \_\_\_\_\_ Month: \_\_\_\_\_

Designation / Address: \_\_\_\_\_ Pay: \_\_\_\_\_

DEPARTURE			ARRIVAL			No. of Km	Class	Fare	Daily	Purpose of journey
Station	date	Time	Station	Date	Time	Kind of journey By Road/Air/Train	Ticket No.	Allowance	Allowance	

KINDLY STUDY THE CERTIFICATES ON OVERLEAF BEFORE PREPARING SIGNING THE T.A. BILL

**CERTIFICATE**

1. Certified that I was no provided with free means of connivance, except \_\_\_\_\_
2. Certified that the Journey performed by me by road was undertaken: (a) by personal Car (Registration no. of vehicle is \_\_\_\_\_ OR \_\_\_\_\_ OR (b) engaging a full Taxi. OR (c) by personal Motorcycle No \_\_\_\_\_ OR (d) by borrowed Car No. \_\_\_\_\_ owned by \_\_\_\_\_ whose profession is \_\_\_\_\_ and the cost of propulsion of the car has borne by me by \_\_\_\_\_ (The concerned column be filled in and).
3. Certified that traveled in the class of rail for which claim has been made in the bill.
4. In case of participation in conference seminar/workshop/course of training etc: certified that I have not been paid any T.A / D.A OR financial assistance by the assigning agency or any other source of this journey.

**Signature of official who traveled**

Fare Charges	Rs. _____	Budget Allotment
Road Mileage / Kilometer by Taxi / Tonga	Rs. _____	for the year _____
Daily allowance	Rs. _____	previous Exp. _____
Hotel charges	Rs. _____	
Total	Rs. _____	Total Exp. _____

**TO BE USED BY THE ACCOUNT BRANCH**

Approved for the adjustment of Rs. \_\_\_\_\_  
passed for payment of Rs. \_\_\_\_\_  
Rupees \_\_\_\_\_

Deducted of advance vide

Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_ entered Rs. \_\_\_\_\_  
In advance Register Sr. No. \_\_\_\_\_ P. No. \_\_\_\_\_  
Net claim Rs. \_\_\_\_\_  
(In words) \_\_\_\_\_

Assistant   A.O. (A)   Asstt Treasurer   Dy. Treasurer   Treasurer

**TO BE USED BY THE AUDIT BRANCH**

Approved for the adjustment of Rs. \_\_\_\_\_  
Passed for payment of Rs. \_\_\_\_\_  
Rupees \_\_\_\_\_

**Signature of official  
(Who traveled)**

**HEAD OF DEPARTMENT/PRINCIPLE**

Audit Assistant   A. O. (Audit)   Resident Audit officer

COTROLLING OFFICER  
UNIVERSITY

<b>Cheque No.</b> _____
<b>Dated.</b> _____