



आरोग्यम् कुलसम्पदा

THE NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE
BABA GANGNATH MARG, MUNIRKA, NEW DELHI-110067

TRAVELLING ALLOWANCE BILL FOR TOUR

PART - A

(To be filled by Government Servant)

1. Name _____

2. Designation _____

3. Pay _____

4. Headquarters _____

5. Details and purpose of journey(s) performed _____

Department		Arrival		Mode of travel and class of accommoda	Fare paid	Distance in Kms. For road mileage	Duration of halt	Purpose of journey
Date and time	From	Date and time	To					
1	2	3	4	5	6	7	8	9
					Rs. P.		Days hrs.	

6. Mode of journey:

- (i) Air : (a) Exchange voucher arranged by office Yes/ No
 (b) Ticket/Exchange voucher arranged by _____
- (ii) Rail : (a) Whether travelled by Mail/Express/Ordinary Train? Yes/ No
 (b) Whether return tickets available?
 (c) If available, whether return tickets purchased?
 If not, state reasons.
- (iii) Road: Mode of conveyance used i.e. by Government Transport by taking a taxi, a single seat in a bus or other public conveyance by sharing with another. Government Servant in a car belonging to him or to a third person to be specified.

7. Dates of absence from place of halt on account of:

- (A) R.H. and C.L.
 (B) Not being actually in camp on Sundays and holidays.

8. Dates on which free board and/ or lodging provided by the State, States or any organization financed by State funds:

- (a) Board only
 (b) Lodging only
 (c) Board and lodging

9. Particulars to be furnished alongwith hotel receipts etc. in case where higher rate of D.A. is claimed for stay in hotel/other establishments providing board and/or lodging at scheduled tariffs.

Period of Stay		Name of the hotel	Daily rate of lodging charged		Total amount paid	
From	To		4		5	
1	2	3	Rs.	P.	Rs.	P.

