

INDIAN INSTITUTE OF SCIENCE, BANGALORE - 560 012

Travelling allowance bill of												for the month of							
Designation:				Department:			Basic/Grade pay Rs.			Name of the Scholarship									
Authority for the journey (Approval letter number & Date)												Debit head							
Particulars of Journeys and Halts						Road			Railway			Air			Daily Allowance			Purpose of Journey	Total Rs.
DEPARTURE			ARRIVAL			No. of Kms.	Rate Rs.	Amount Rs.	Class	No. of Kms.	Amount Rs.	Air fare Rs.	No. of days	Rate Rs.	Amount Rs.				
Station	Date	Hour	Station	Date	Hour														
																	Gross Amount	0	
Travel advance																	Less T.A. Adv. Recd.	0	
																	Balance Amt. due	0	

CERTIFICATE

1. I travelled in the class of accommodation to which I am entitled.
2. I certify that I did not perform the road journeys for which mileage allowance has been claimed at the higher rates prescribed in Rule 46 of the Supplementary rules by taking a single seat in any public conveyance, which plies regularly for hire between fixed points and charges fixed rates.
3. I also certify in respect of the journeys for which road mileage is claimed.
 - (i) at Rs. 2-00 per Kilometre, I have actually travelled in own Car/full Taxi without sharing the cost of propulsion with any other person.
 - (ii) at Rs. 1-00 per Kilometre, I actually travelled in a Taxi by taking a single seat and that my share of expenses is not less than the amount claimed.
 - (iii) at Rs. 1-00 per Kilometre, I actually travelled in a Scooter/Motor Cycle/Autorickshaw without sharing the cost of its propulsion with any other person.
 - (iv) at Rs. 0-50 paise per Kilometre, I actually travelled in a Scooter/Motor Cycle/Autorickshaw and that my share of expenses is not less than the amount claimed.
3. I was actually and not merely constructively present in the camp on all days for which allowance has been claimed.
4. The distances for which the mileages are claimed are correct to the best of my knowledge.

Station:

Countersigned by (Faculty Advisor)

Signature & Designation of the Drawer

Date:

Signature and seal of the Department Chair

FOR THE USE OF OFFICE ONLY

Noted L.F. No. Unit V	
Exp. Noted L.F. No. Unit:	

Passed for Rs.....	Debit.....
Adjustment Rs.....	Credit.....
For Payment Rs.	
.....	

DIRECTOR

Superintendent

Accounts Officer

Internal Auditor