**Form: R7**

**INDIAN INSTITUTE OF TECHNOLOGY INDORE**

**TRAVELLING ALLOWANCE /CLAIM FORM**

(To be printed on back of Form R6)

|  |
| --- |
| **1.Name of the Applicant**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2.Designation & Discipline/Unit** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**3.Pay level**:\_\_\_\_\_\_\_\_\_\_\_Institute Name (In case of external members)…….............................………..………………………………………Budget Head (to which TA/DA is to be debited)………..……………..........…………….........................… |
| Amount of advance drawn, if any ......................................................Tour report : Enclosed/Not enclosed  |
|  |  |  |  |  |  |  |  |
| **4. Claimed fares(Air /Rail/ Bus) (Copy of tickets and boarding pass, where applicable, be enclosed):** |
| **Departure** | **Arrival** | **Mode & Class of Journey** **(Rail/ Road/ Air & IAC/II AC/ II AC/ Economy etc.)** | **Train /Flight No. & PNR No.**  | **Fare** |
| **Place** | **Date & Time** | **Place** | **Date & Time** | **(Rs)** |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   | **Total Fare (Rs)** |  |
|  |   |   |   |   |
| **5. Details of local conveyance charges:** |
| **Date** | **Station** | **Place visited/travelled**  | **Distance (KM)** | **Mode of Travel - Taxi/ Auto/Other** | **Fare (Rs)** | **Remarks** |
| **From**  | **To** |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|   |   |   |   | **Total Local Conveyance** | **(Rs)** |  |
| 1. Certified that I have travelled by the class and mode of conveyance as indicated above.
2. Certified that amount claimed above has been actually been spent by me.
 |
| **6. Reimbursement of hotel/food bills:** |
| **Sr. No** | **Date** | **Hotel details** | **Amount (Rs)** | **Sr. No** | **Date** | **Bill details** | **Amount (Rs)** |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |
|  |  |  | **Total (Rs)** |  |
|
| Reimbursement of meals/food charges while on official tour on will be made on declaration basis within applicable limit. |  |
|  **Signature of the Applicant** |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| (FOR FINANCE OFFICE USE) |  |
|  |  |
| Claimed Rs…………………………………………….. |  |  |  |  |  |  |  |  |  |  |  |  |
| Disallowed/Added Rs …………….………………………. |  |  |  |  |  |  |  |  |  |  |  |  |
| Passed for Rs ……………………….…..………………… |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
|  |  |
| Jr. Assistant Sr. Assistant/Superintendent AR/DR/JR Registrar |  |