Academic Council Reimbursement Bill

Reimbursement Bill for the Month of ……..

1. Name:			*2. Designation:*						*3. Basic Pay–Rs.*			
4 A. Details of Journey(Both onward and Return)						*Mode of conveyance (5)*	*Purpose of Journey (6)*	*Distance (KM) (7)*	*Fare paid (Rs.)(8)*	*Total Claims (8)+(10) (11)*	*Nameof Train and other Remarks ifany*	
Departure			*Arrival*									
From(Place) (1)	*Date&Time(2)*		*At (Place*	*Date& Time (4)*								
								TOTAL				

4. B	Halt- Commencement		Halt -End	Amount Per day	Registration Fees Paid	Total (Halt + RF) (Rs)
Place		Date &Time	Date &Time			
			TOTAL			

Total Claim (TA+Halt+RF)Rs.
Less Tour advance, if any, drawn– Rs.
Net Claim Rs.
(1)Certified that I have traveled in the class of accommodation for which Iam eligible **Dated Signature**
Tour approved **Secretary Academic Council**

Pass Order :- Passed for Payment Rs. …… (Rupees…… ……only)

CERTIFICATE

Strike off certificates/portion not requiredTotal clam as per rules:
Advance drawn on: *0.00*
Balance: *Rs*...../-

1. **Strike off Certificates/portion not required**
2. **Certified that I have ascertained the correct distances between the places visited and recorded them accurately to the best of my knowledge.**
3. **Certified that I have travelled only by eligible class as per ETA Rules/I have obtained permission from thecompetent Authority forjourney performed in a class higher that what is admissible to me**
4. **Certified that concessional fares were not available**
5. **Certified that I did not purpose to claim any amount included in this bill in any other bull or from any other source**
6. **Certified that I have not claimed any DA for holidays spent in camp or for days on leave/days not spent onCentres work**
7. **Certified that I did not perform the road journeys for which higher mileage rate have been claimed in Taxi (No.----------)** ***Hired exclusively for bonafide official purpose. Taxi receipt is proceeded. Certified further that I have not been provided with anyofficial vehicle for my use***
8. **Certified that I shall refund any sum drawn in excess of eligible amount as per rules.**

Name: Signature:
Designation: Date:
Claim scrutinized

Passed for an amount of Rs……/- *(….)*

Section Clerk **Accounts Officer** **Administrative Officer** **Director**
