**TA/DA Expense Claim Form**

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Code |  |
| School / Department |  |
| Purpose of Travel |  |

***Detail of Travelling:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Station** | **Departure** | **Arrival** | **Mode of Journey** | **Amount** |
| *Time* | *Date* | *Time* | *Date* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Note: in case of Travel by air, attach original tickets***

***Daily Allowance:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Period of Stay** | **No. of Days** | **Rate** | **Amount** |
| *From* | *To* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Detail of original Expenses (supported with receipts)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Receipt #** | **Detail** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Amount of Total Claims:**

\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Claimant Dean / Director / HoD

***For only use of Office of Treasurer***

**Amount sanctioned**

**­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Checked by: Sanctioned By: