



सरदारवल्लभभाई राष्ट्रीय प्रौद्योगिकी संस्थान, सूरत
SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT

TRAVELLING ALLOWANCE BILL

Name: _____ Employee Code No: _____

Department/Section/Centre: _____ Designation: _____ Pay Level/ Gr. Pay _____

Purpose of Journey _____ Expenditure Head _____

PART-A: CLAIMED FARES (Please attach original Rail/Bus/Air Ticket/Receipt/Boarding Pass)

Departure		Arrival		Mode of Travel	Class of Travel	Fare Paid (in Rs.)	Ticket/PNR No.
Date & Time	Place	Date & Time	Place				

N.B.-Please enclose original Air/Railway ticket, Boarding Pass, Receipt for Hotel/GH charges, document in support of other claims

PART-B: Details of Local Travel charges incurred: (Please attach original Bills/Receipt)

Date	Station	Place visited /Traveled	Distance (in K.M.)	Mode of travel (Public Bus / Taxi/Auto / Own Car etc.)	Fare Paid (in Rs.)	Bill/ Receipt no.

PART-C: Hotel/Guest House charges incurred (Please attach Bills/Receipt #)

Station	Name of Hotel	Bill No. & date	Duration of Stay		No of days	Daily rate of lodging charged	Total Amount paid Rs.
			From	To			

For levels 8 and below, the amount of claim (up to the ceiling) may be paid without production of vouchers against self-certified claim only.

PART -D: Reimbursement of Food charges:

Sr. No.	Length of absence from the Headquarter		No of Days	Per day Amount (in Rs.)	Total Amount Payable (in Rs.)
	From	To			
Total Food charges payable					

PART-E: Amount of Advance, if any drawn: Amount Rs. _____ Date: _____

CERTIFICATE

I, Dr./Mr./Ms. _____ hereby declare that the claims made by me are based on the actual expenditure incurred by me and have not been claimed by me elsewhere from any other source. The Air tickets were booked by _____ as per applicable rules and regulations of the institute. An advance of Rs. _____ was drawn by me vide Bill No. _____ may be adjusted against this claim.

Forwarded by _____

Signature of Employee

Signature of HOD

[FOR USE IN ACCOUNTS OFFICE ONLY]

#	Particulars	Amount
1	Admissible Amount	
a	Fare (Rail Fare / Bus / Air / Others)	
b	Local Travel Charges	
c	Hotel/Accommodation Charges	
d	Food Charges: ____Days @ Rs. ____ /Per Day	
e	Other Claims (details to be furnished)	
f	Gross Amount	
2	Less: Advance Drawn, if any	
3.	Less: Adjustment for Tickets Booked by SVNIT, SURAT	
4	Net Amount Payable (Recoverable)	
	Amount in Rupees : (Rupees)	
	Debit Head _____	Rs. _____
	Credit _____	Rs. _____
	Payment Reference: Cheque No. _____ Date _____	

Dealing Assistant

Office Superintendent

Asst./Dy. Registrar (A/cs)

Registrar

Dean(SW)/Director