

ASSAM UNIVERSITY: SILCHAR

## T.A., D.A CLAIM FORM

(For Account Transfer (Mandatory field)

Name of claimant :	Name of bank	
Designation :	Name of branch	
Basic pay with GP :	Account No.	
Headquarter :	IFS Code	
Purpose of visit :	Type of Account:	
	MICR Code No:	

## A. TRAVELLING ALLOWANCE:

DEPARTURE		ARRIVAL		JOURNEY			IF TRAVELLED BY TAXI/CAR, PLEASE INDICATE						
Date	Time	Station/Place	Date	Time	Station/Place	Mode of travel	Class	Distance in Km.	Fare paid	Vehicle No	Model of Vehicle	Petrol or Diesel	Whether shared

## **B. DAILY ALLOWANCE**

TOTAL PERIOD OF ABSENCE FOR	NO OF DAYS FOR WH	RATE	AMOUNT						
HEAD QUARTER	At reduced rate	At full rate							
Name and address of Hotel accommodation:No of days stayed:									
Claim as per "A" :									
Claim as per "B" :									
Total (A+B) :		(Rs		only.)					
Certified that incumbent has performed his/her duties in report to and Conveyance be paid for the periodto									
Signature of the claimant with date	Signature of Supervising Officer / Head of the Department		Countersigned by Controller of Examinations with date and office seal						
Passed for payment of Rs	(Rupees_								
Received in full									
Signature of the Claimant (Affix revenue	e stamp) Dea	lling Asstt. Se	ection Officer A	Finance Officer ssam University, Silchar					