



Name of claimant :	_____	Name of bank	_____
Designation :	_____	Name of branch	_____
Basic pay/ Level :	_____	Account No.	_____
Headquarter :	_____	IFS Code	_____
Purpose of visit :	_____	Type of Account:	_____
		MICR Code No:	_____

[illegible]

**B. DAILY ALLOWANCE**

TOTAL PERIOD OF ABSENCE FOR HEAD QUARTER	NO OF DAYS FOR WHICH DA CLAIMED		RATE	AMOUNT
	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 period ..... to .....

Signature of the claimant with date

Signature of Supervising  
Officer / Head of the Department

Countersigned by  
Head of Office/ Dean of Schools  
With date and office seal

Passed for payment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Received in full

Signature of the Claimant (Affix revenue stamp)

Dealing Asstt.

Section Officer

Finance Officer  
Assam University, Silchar