

Date:

Total Amount (Rs.) Passed for Payment: _

CENTRAL UNIVERSITY OF RAJASTHAN

NH-8, Bandarsindri, Dist-Ajmer, Rajasthan [INDIA]

Name:					Pay:			Purpose	Purpose of Journey											
Designation	on:				Order	No. & Date:														
Particulars of Journey					Mode of	Amount of fare	Incidental Charges			Other Expenses		Distance Covered by Road			Daily Allowance for Halt			Abstract of Amount Claimed		
	Departure			Arrival		Journey & Class of			Amount		Amount			1	Amount		A	Amount		Amount
Station	Date	Hour	Station	Date	Hour	Travel (Rail/Road/ Air)	Rs.	Distance in Kms.	Rate	Rs.	Particulars	Rs.	Kms.	Rate	Rs.	No. of Days	Rate	Rs.	Claim No.	Rs.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
																			Claim No. 8	
																			Claim No. 11	
																			Claim No. 13	
																			Claim No. 16	
																			Claim No. 19	
																			Total	
																			Less Advance	
																			Net Amount	
						Total			Total		Total			Total			Total		If Net Amount is in Minus then unspent balance may be deposited with the Accounts Section before sending the bill for adjustment.	
Honorari	um																			
	rtified That.	in any free	conveyance			(4) the	place for which ro	ad mileage has beer	n charged are no	t connected by Ra	(If you travel	o. (If you trave by your own car B	eled by you or taxi, be	ensuring t	Car or Taxi.) hat to attach t)he toll rece	ipt.)			
(2) the payment of the bill has not been received before (3) the payment of this bill has not been/will not be charged from either source (5) I have actually travelled in the same class of accommodation for which travelling allowance has been claimed. (6) daily allowance has not been claimed by me for Sunday or Holiday unless I was actually in camp.																				
												В	ranch Nam	e:			IFS	C Code No.:		
												*	PAN Card	No						
									N	ame & Signature	e of Verified									
								(N	ame:)								

(Deal of Hand) (Checked by S.O.) (IAO) J.R. (F) (Finance Officer) (Registrar) (Hon'ble Vice Chancellor)

(For Office Use Only)

Amount Rs.

Paid in Cash/by Cheque No.

(Signature of Claimant with date)

RECEIVED PAYMENT

Please affix Revenue Stamp if

Amount exceeds Rs. 20,000/-