H.P.T.R. 7

TRAVELLING EXPENSES CLAIM FORM

1. Establishment			:Month :20						20		
2. Name & Designation				·							
3. Basic Pay			:Head Qrs. :								
4. Purpose of Journey											
DEPARTURE A			ARRIVAL		Rate/	Actual	DAILY ALLOWANCE			TOTAL	
Stati	& Hour	Station 3	Date & Hour 4	Travel	Class of Travel	Fare Paid	Hotel Charges (if any) 8	No. of Days 9	Rate Admiss- able 10	Amount 11	OF LINE
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(DETAILS OF THE CLAIM)

1.	Total of Column No. 12 (B.F.)	Rs. :							
2.	Terminal Transportation Charges	Rs. :							
3.	Local Transportation Allowance	Rs. :							
4.	Transfer Grant	Rs. :							
5.	Personal Effects	Rs. :							
	Wt.:Rate:Amount	Rs. :							
6.	Conveyance Charges		į.						
7.	Miscellaneous (Specify)	Rs. :							
8.	GROSS AMQUNT	Rs. :							
9.	Less Advance of TA/TTA drawn vide	S I							
	T/V NoDt.:	Rs. :							
10.	NET AMOUNT PAYABLE	Rs. :							
			(Signature of Claiment)						
Passe	ed for Rs(Rupees)								
(Signa	ature of Controlling Officer)		(Signature of D.D.O.)						
	(TO BE USED IN A	UDIT OFFICE)							
Admit	ted for Rs. :								
Objec	ted to Rs.:								
Reaso	on for Objection:								
			(Accounts Officer)						
INSTRUCTIONS									
 Tour Diary should invariably be attached with the claim. In case of transfer claim, the details of members of the family with age along with details of personal effects be given. The Receipt Nos. of Hotel and carriage charges bills be quoted against the relevant 									

Column, Ticket Nos. should be quoted, when journeys are performed in a class higher than the ordinary class. राजकीय मुझ्पालय, हिठप्रठ, शिमला—1760—सीठपीठएण्डएस०/2014—31—12—2014—2,00,000