



INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY, AMARKANTAK (M.P.)

TRAVELLING ALLOWANCE/CLAIM FORM FOR EXTERNAL/ EXPERT MEMBERS

1. Name of the Expert Member:
- 2 (i). Name of the Committee/Body:
- (ii). Date of meeting:
3. Bank details for transfer into bank account:
- (i). Name of Account holder: (ii). Bank name:
- (iii). Branch name: (iv). Account no.:
- (v). IFS code:

Departure		Arrival		Mode & Class of Journey (Rail/ Road/ Air & Economy/IAC/II AC/ III AC etc.)	Train /Flight No. & PNR No.	Fare (Rs)
Place	Date & Time	Place	Date & Time			
Total Fare						

5. Details of local conveyance charges, if any:

Date	Station	Place visited/ travelled		Distance (KM)	Mode of Travel - Taxi/ Auto/Other	Fare (Rs)	Remarks
		From	To				
Total Local Conveyance							

For Travel fares (Air /Rail/ Bus) (Copy of tickets and boarding pass, where applicable, be enclosed)

6. Reimbursement of hotel/food bills if any, (bills to be enclosed):/ DA applicable as per rules.

Sr. No.	Date	Bill details	Amount (₹)	Sr. No.	Date	Bill details	Amount (₹)
Total (₹)							

7. Sitting fees/ Honorarium Rs

8. Total (4+5+6+7) = Rs

Certified that I have travelled by the class and mode of conveyance as indicated above and not claimed / to be claimed any other source.

Signature of the Claimant/Member

(FOR FINANCE OFFICE USE)

Admitted for `

Disallowed/Added `

Passed for payment of Rs

DA/SO

AR/DR

Finance Officer

Note: Copy of Approval of Competent Authority obtained by the concerned Dept/ section attached.