

**DEPARTMENT OF GENERAL EDUCATION  
CLAIM FOR TA/DA**

Name of Programme

Date on which the programme was scheduled

Venue

Name & Address of the Officer

Basic Pay

Head Quarters

Account No. & Name of Bank

Date & Time of Journey		Station		Distance In KM	Train Fare due	Road Journey	Extra Fare if any Incidentals @ Rs. 0.80/-	DA	Total (Rs.)
From	To	From	To			Bus/Auto fare			
Grand Total									

Certified that I have actually traveled in the 2AC of accommodation for which fare has been claimed in this bill. I agree to refund excess claim if any subsequently detected in audit.

**Net Claim (in words) :**

**Amount admitted Rs.**

***Signature of claimant***

**Amount passed for payment Rs.**

*Signature of Disbursing Officer :*

*For office use only*