

H.P.T.R. 7

TRAVELLING EXPENSES CLAIM FORM

1. Establishment: Month:

2. Name & Designation:

3. Basic Pay & Grade Pay: Rs..... Head Qrs. :

4. Name of Bank..... Account No.....

5. IFSC Code Contact No.

6. Purpose of Journey :

DEPARTURE		ARRIVAL		Km./ Mode Of Travel	Rate/ Class Of Travel	Actual Fare Paid	DAILY ALLOWANCE			Amount	TOTAL OF LINE
Station	Date & Hour	Station	Date & Hour				Hotel Charge s (if any)	No. of Days	Rate Admi- ssible		
1	2	3	4	5	6	7	8	9	10	11	12
			GRAND TOTAL								

PTO

(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	
Wt.: _____Rate: _____Amount	Rs.:.....
6. Conveyence Charges	Rs.:
7. Miscellaneous (Specify) _____	Rs.....
8. GROSS AMOUNT	Rs.:.....
9. Less Advance of TA/TTA drawn vide	
T/V No.....Dt.....	Rs.....
10. NET AMOUNT PAYABLE	Rs.....

(Signature of Claimant)

Passed for Rs.....

(Rupees)

(Signature of Controlling Officer)

(Signature of D.D.O.)

(TO BE USED IN AUDIT OFFICE)

Admitted for Rs.:

Objected to Rs.:

Reason for Objection:

(Accounts Officer)

INSTRUCTIONS

1. Tour Diary should invariably be attached with the claim.
2. In case of Transfer claim, the details of members of the family with age along with details of personal effects be given.
3. The Receipt Nos. of Hotel and carriage charges bills be quoted against the relevant Column.
4. Ticket Nos. should be quoted, when journeys are performed in a class higher than the ordinary class.