



INSTITUTE OF AERONAUTICAL ENGINEERING

(AUTONOMOUS)

DUNDIGAL – 500 043, HYDERABAD

EXAMINATION BRANCH

BILL FOR TRAVELLING ALLOWANCE

Name: _____ Account No.: _____

Designation: _____ Basic Pay _____

Address: _____

Proceedings No.: _____
(Copy of the Proc. to be enclosed)

Place Date and Time of Journey (onward)			Distance in KMS	Actual Expenditure	Purpose / Remarks	
	From	To				
Place						
Date						
Time						
Place Date and Time of Journey (Return)						
Place						
Date						
Time						
D.A. claimed for _____ days @ Rs. _____ per day						
Lodging charges for _____ days (Original receipt is to be enclosed)						
						Total Rs.

Received Rupees _____ only.

CONDITIONS:

1. I certify that I have traveled by the class for which the claim is made
2. I certify that I have not availed of any concession
3. I certify that no advance is drawn by me for which the above bill is submitted

Contents received



SIGNATURE

SIGNATURE

VERIFIED BY:

Passed for Rs. _____ (Rupees _____
_____ only)

CONTROLLER OF EXAMINATIONS