



भारतीय प्रौद्योगिकी संस्थान रोपड़
INDIAN INSTITUTE OF TECHNOLOGY ROPAR
TRAVELLING ALLOWANCE REIMBURSEMENT/SETTLEMENT FORM

- 1) Name _____ 2) Emp. Code _____ 3) Pay Level _____
- 4) Designation _____ 5) Department _____
- 6) Advance drawn _____ 7) Advance drawn date _____
- 8) Bank Account No. (SBI/Any other): _____ 9) IFSC Code _____
- 10) Purpose of Journey: _____ 11) Budget Head: _____

Important Instructions:-

1. Claim must be properly filled in and submitted within due dates after completion of journey. Due dates are: - **within 15 days if advance is drawn and within 60 days if no advance is drawn, Failure to do so cause forfeit of TA Claim.**
2. Enclosed the original documents/Invoices/Boarding Passes/ Approval/ Tickets/ Hotel Bills/ Food bills Copy of Air/Train tickets **in sequence wise from travelling details to Other Expenses with self attestation.**
3. GST invoice is required when journey is performed through Taxi and Toll Tax receipts in case of Own Car.

12) Details of journey(s) performed: Start to End

Departure/From			Arrival/To			Distance in Kms	Mode of Travel (Air/Bus/ Train/ Taxi/Auto)	Class of Travel	Ticket No. / PNR No.	Fare Amount
Date	Time (am/pm)	Place	Date	Time (am/pm)	Place					
Total										

13) Particulars to be furnished for Accommodation Details

Period of Stay		Name and Address of the Hotel/Guest House	Bill No.	No of Days	Amount paid
From	TO				
Total					

If, Breakfast complementary in Hotel Stay/Guest House, Please tick YES ☐ NO ☐

14) Daily Allowances:-**(a) Please mentioned dates for which Food is provided by Host**

Time	Mention the dates
Breakfast	
Lunch	
Dinner	

(b) Indicate the period and number of days if any, for which the claimant wants, DA:

From	To	No. of Days

Whether the claimant was on leave during official Tour: - YES ☐ NO ☐ if yes please mention the period of Leave during tour_____

15) Other expenses incurred in Journey:

Sr. No.	Details	Total Amount paid
1	Registration Fee for conference /Seminar	
2	Visa Fees/Insurance charges	
3	Any Other Charges	
Total		

Total Amount Claimed (Sr.No:-12+13+15)	
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Certification:

- 1) Certified That I was on Tour from (dt) _____to _____(dt) for the purpose as per approval and indicate above Sr. No. 10
- 2) All claims mentioned in this form correspond to actual expenditure incurred by me for which no reimbursement/claims have been made from any other source (Govt./Private/Others)
- 3) I was not provided with any free boarding/lodging/conveyance/registration fee/ travel coupon for which claim has been made

Date & Place:

Journey verified and forwarded

Signature of Employee

Signature of HOD with date

(For use by Accounts Section)

Sr .No.	Particulars	Amount
1	Air Fare/ Train Fare/Bus	
2	Local Mileage (Taxi/Auto/Own Car)	
3	Daily Allowance	
4	Hotel Charges	
5	Visa Fees/Insurance	
6	Other Expenses	
7	Total (1 to 6)	
8	Advance if any to be deducted	
9	Net amount to be reimbursed	
10	Net amount to be reimbursed to the Travel Agent	
11	To the claimant	

Passed for payment as per Sr.No 7 of Rs/-_____

Debitable to _____ Budget Head: Project/ Institute/ Any other

UNDERTAKING

(To be submitted in all cases of air travel where the Government of India bears the cost of air passage)

Ref: Dept. of Expenditure, Ministry of Finance, Govt of India O.M. No. 19024/ 03/2021-E.IV dated 31-12-2021, O.M. No. 19024/ 03/2021-E.IV dated 16-02-2022 and O.M.No. 19024/03/2021-E.IV dated 16-06-2022, as amended from time to time.

I certify that:

a) I have purchased the air tickets from one of the following three Authorized Travel Agents viz. (tick ☐ whichever is applicable)

i) M/s Balmer Lawrie & Company Limited (BLCL),

☐

ii) M/s Ashok Travels & Tours (ATT)

☐

iii) Indian Railways Catering and Tourism Corporation Ltd. (IRCTC)

☐

b) Further, I have opted for the 'Best available fare' on the date of booking on the basis of tour programmed as per my entitlement.

c) I have booked the Non-stop flight in a given slot at the time of booking.

d) I have not booked the tickets within less than 72 hours of intended travel on Tour, if booked self declared justification is provided.

e) I have fulfilled other terms and conditions mentioned in above referred Govt. of India instructions on the matter, as amended from time to time.

(Signature of claimant)

Name:

Designation:

Place:

Date: