**Indian Council of Philosophical Research**

36, Tughlakabad Institutional Area, MB Road, Near Batra Hospital, New Delhi- 110 062

**Travelling Allowance Bill (Local)**

1. Name (in block letters):-……………………………………………………Basic Pay : ………..…….….

2. Address:-…………………………………………………………………………………………………...

3. Purpose of the Journey & Date: ……………………………..….…………………………………………

 …………….………………………………………….………………………………………………….…

4. Actual Taxi Charges: *from*…………………………….….……..*to*……….……………….……………...

 Total Distance: ………..(km.) travelled on Date: ……………………….… Rs……………………

 Total……………………………………………………………………….

5. Certified that I undertook the journey specifically for the purpose of attending the………………………

6. Certified that I have not claimed or intend to claim from any other source any TA/DA for the journeys for which the claim is preferred herein.

Signature of Non-official member …………………..….…………

Txn. Ref./UTR:

…………………………………………………………………

Date: ………..………………….……………..…….

(to be provided by DDO)

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|  ***(For Office use only)***Certified that the journeys for which TA has been claimed in the bill were actually undertaken in the public interest.Passed for payment for Rs……………………………..(Rupees…………………………………….only)Checked by DDO |
| Please transfer my local TA to my bank A/c as per details given below:Name as mentioned in the Account :..…………………………….……………..……………………………………………………….....………………….………….……..………….…A/c No. : ……………………..……….……….…………….…………….……………….…IFS Code : ………………..………………….…..………..………….…………………………Bank : …………………...…………..………………...………….…………………………Branch : …………………………………………..….……………..…………………………PAN : :………………..…….…… Aadhar No.:…………………………………… |

Date: ……………………… Signature of Non-official member: …………………..….…………...………….

Mobile No.: ………………..………………….…..………..…………

E-mail ID : ………………………...…………..………………...……