



SGT UNIVERSITY

Shree Guru Gobind Singh Tricentenary University



TRAVELLING ALLOWANCE BILL

Name: _____ Purpose of Journey: _____

Designation: _____ Address: _____

Basic Pay (GP): Rs. _____ Date of Meeting/ Exam. etc.: _____

Departure		Arrival		Mode of Journey (Vehicle No. in case of car/taxi)	Road Mileage (Km)	Amount (Rs.)
Station	Date	Station	Date			
Local Conveyance, if any						
Halting Days (for calculation of DA)						
Any other charges such as Toll Tax etc.						
Total Amount						

Signature of Member) : _____

Head of the Department : _____

Countersigned (Dean) : _____

Received Payment

(Signature of Recipient)