VOUCHER NO……DATE……

SAINIK SCHOOL JHUNJHUNU (RAJASTHAN)

TRAVELLING ALLOWANCE BILL

Name _____ Designation _____Pay Matrix____ Movement Order No. SSJR/ADM/108 dated _____

Purpose of Duty to _____

Date	DEPARTURE		ARRIVAL		Mode of Transport	Actual Rail/Bus Fare	Daily Allowance		TOTAL
	Station	Hrs.	Station	Hrs.			No. of Days	Rate per days	
							DA Amount		Rs.
							Fare		Rs.
							Total		Rs.

Submitted by **Checked by** **Recommended & Sanction for Payment**

Name :_____ ACCOUNTANT ADM OFFICER PRINCIPAL

Desig : _____ Dated Dated Dated

Certified that I was not provided with free boarding or lodging for the day for which DA at full has been claimed. For the days for which I provided with free boarding and/or lodging necessary deduction in TA/DA bill has been made. I hereby submit consent/undertaking herewith for any excess amount drawn as TA/DA by me, the Principal, Sainik School Jhunjhunu is authorized to recover/deduct such amount from any entitlement of monthly Pay & Allowances.

Receive Payment …….