



**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA
KAKINADA – 533 003**

TA, DA & SITTING CHARGES BILL

Proceedings No: Bill No.....
 Purpose:
 Name of the Staff: Phone No:
 Designation:
 Address:

Travel Details

Detail	Onward Journey		Return Journey	
	From	To	From	To
Place				
Date				
Time				
Distance (Km)				
Mode of Travel				
Class				
Fare (Rs)				

DA/Sitting Charges

Lodge

No of days for DA	@Rs.	per day	No of days of stay	
DA Amount (Rs)			Rent per day	
Sitting Charges			Lodge Bill (Rs)	

Claim Details

Item	Amount (Rs)
Onward Fare	
Return Fate	
DA Amount	
Lodge Bill	
Sitting Charges	
TOTAL	

Received Rupees**Only**

I certify that (1) Journey has been performed as specified above for which I am eligible (2) The details shown are true to the best of my knowledge (3) I will refund the proceeds of this bill in case of any discrepancy (4) No concession is availed in travel fares and (5) This bill is not claimed earlier from any source.

Station :

Date :

Stamp

Signature

Signature

For Office Use Only

The bill is passed for Rs. _____ Only

Clerk

Superintendent

Assistant Registrar

REGISTRAR