Travel Authorization

Name of employee: Number:

Designation: Grade: Date:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Form | | To | | Mode of Travel | Halt At | Purpose |
| Station | Date | Station | Date |  |  |  |
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Estimated Traveling Expanses: Nu. Tr. Advance outstanding : Nu. Proposed tour approved/Not approved

Advance Required : Nu. Since ( Date) Advance of Nu.

Sanctioned/Recommended.

(Signature of employee) ( Signature& Seal, Head of Finance) ( Signature& Seal, Controlling Officer)

Date: Date: Date:

Travel Allowance Bill

Name of employee:

Designation: Grade: Number:

No. of Fares: Travel Authorization No. & Date: Date:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Departure | | | Arrival | | | Daily  allowance | Mileage  claim | Bus/Train  /Air Fare | Actual  Expenses | Total | Purpose of  journey |
| Date | Time | Station | Date | Time | Station |  |  |  |  |  |  |
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| Total | | | | | |  |  |  |  |  |  |
| Advance Taken:  Amount claimed for payment/refund: | | | | | | | | | | | |
| Certified that the travel was performed by me for official purposes and claim are genuine    **Date & signature of employee** | | | | | | | | | | | |
| Certified that the travel was authorized by me for official purposes and the claims appear genuine and reasonable.    **Date and signature of controlling officer** | | | | | | | | | | | |