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:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Departure | Arrival | Dailyallowance | Mileageclaim | Bus/Train/Air Fare | ActualExpenses | Total | Purpose ofjourney |
| 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** |