

**GOVERNMENT OF KARNATAKA
DIRECTORATE OF MEDICAL EDUCATION
PARA MEDICAL BOARD, BANGALORE - 560002
TRAVELLING ALLOWANCE BILL**

1. Name Dr.....
2. Designation and Address.....
-
3. Basic Pay
4. For what month
5. Purpose of journey

	Date	Place of journey		Amount Claimed		Total
		From	To	Amount in KM	Mileage	
T.A				Rs.10 /KM		
D.A		Rs. 600 Per Day (Outside Bangalore)		_____days		
		Rs. 750 Per Day (Bangalore)		_____days		
		Inspection Remuneration (2500.00)				
Grand Total						

Grand Total (in figures and words)

.....

1. Certified that I have travelled in First/Second Class by rail/bus/car for the journey
2. Certified that no T.A. and D.A. have been claimed from any other sources.

Account Details	
RTGS Account Number:	
IFSC Code	

Place

Date

Signature

Bill passed for payment by A/C Payee cheque on State Bank of India For Rs.

(in words)

cheque No. ----- dated -----

in favour of Dr. -----

Date

Member Secretary