## H.P.T.R.7 TARVELLING EXPENSES CLAIM FORM

1. Establishment Month:

2. Name & Designation

3. Basic Pay + Other allowances Head Qrs:

4. Purpose of Journey

DEPARTURE		ARRIVAL		Km./ Mode	Rate/ Class	Actual	Hotel Charg	DAILY ALLOWANCE			TOTAL Of
Station	Date & Hour	Station	Date & Hour	Of Travel	of Travel	Fare Paid	es (if any)	NO. Of Days	Rate Admiss- Ible	Amount	LINE
1	2	3	4	5	6	7	8	9	10	11	12
							×				
							×				
											3
8											
		5									
		<i>y</i>									
		y.									

## (DETAILS OF THE CLAIM)

1. Total of Column no. 12 (B.F.)	Rs						
2. Terminal Transportation Charges	Rs						
	Rs						
3. Local Transportation Allowance							
4. Transfer Grant	Rs						
5. Personal Effects							
WtAmount	Rs						
6. Conveyance Charges	Rs						
7. Miscellaneous (Specify)	Rs						
8. G R S S AMOUNT	Rs						
9. Less Advance of TA/TTA drawn vide							
T/V NoDt	Rs						
10. NET AMOUNT PAYABLE	Rs						
(Signature of Claimant)  Passed for Rs							
(organical or controlling childer)	(O'ghanar o'r 2 12 10 1)						
(To BI	E USED IN AUDIT OFFICE )						
Admitted for Rs							
	(Accounts Officer)						
	INSTRUCTIONS						
1. Tour Diary should invariably be attached with the claim.							
2. In case of Transfer claim, the details of members of the family with age along with details of personal							

- effects be given.
- 3. The Receipt Nos. of Hotel and carriage charges bills be quoted against the relevant Column.
- 4. Ticket Nos. should be quoted, when journeys are performed in a class higher than the ordinary class.

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