



# BHARATHIDASAN UNIVERSITY

## TIRUCHIRAPPALLI.

Travelling and halting allowance Bill of Mr./Mrs./Miss .....

Chairman / Convener / Member of .....

Examiner in .....

Date		Nature of business and place							
Dates & hours of journey	Number of K.M. travelled	From	To	Journey by	Journey by car	Journey by bus	Journey by air	Total	
				First class fare	allowance	Bus fare	Air fare	Rs.	P.
Incidental charges at 1/4, 2/3 for Rail fare									
Halting allowance at Rs.                      /- per day for..... days									
Grand Total ....									

Rupees in (words).....

NAME AND ADDRESS }  
 (In Block Letters)    }

Signature of claimant

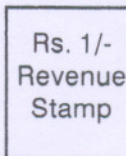
**Counter Signature**

Countersigned and certified that the days for which the halting or detention allowance is claimed where necessarily spent at the destination for the conduct of University business and that the claim may be paid.

Signature .....

Chairman of .....

Received payment



Signature of payee and date