TRIPURA UNIVERSITY
(A Central University)
Suryamaninagar-799022

Travelling Allowance Claim Bill (Official/Academic/Home)

As per Circular No-F.TU/FIN/39 /2024
Dated : 10/09/2026

Name…….……..…….**Designation**…….. ……..**Organization ……**

Basic pay…….…… **Pay Level**……**Purpose of Visit**……..**Office Order & Date**…….……..

PARTICULARS OF JOURNEY				**RLY/AIR/TAXI FARE**			**ROAD MILEAGE**			**DAILY ALLOWANCES/SEATING ALLOWANCES**		
Departure		Arrival		No. of K.M.	Mode of Journey	Amount	No. of K.M.	Mode of Journey	Amount	Rate	Amount	TOTAL
Station from	Date & Time	Station To	Date & Time			Rs.			Rs.			
1	2	3	4	5	6	7	8	9	10	11	12	13
Bank Name:……												
Branch:……				**GRAND TOTAL**								
Account Number…….												
IFSC Code:……..												

Total claim amount in Rupees ……..…….…….(In Words)

Recommended by HoD/In-Charge.

Signature…….

Name……..

DECLARATION:

I hereby declare that I am not claiming any financial support from that Institute or the organization except Tripura University in the approved and sanctioned programme/event.

I further undertake that no reimbursement of TA/DA, Registration etc. will be sought from any Institute/ Agency for this purpose.

Signature……..

Signature of Claimant……

Name…….