



BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, D.I.KHAN

Travelling Allowance Bill

Name _____ Designation _____ BPS _____

Name of Institution _____ Basic Pay _____

Duty Performed as _____ during Examination SSC / HSSC (Supplementary / Annual) 20_____

Purpose of Journey (only for BISE, D.I.Khan) _____

NOTE : Before filling the bill form please study the rules carefully on the reverse of the Form.
Practical Examiners working as one of the Supervisory Staff should submit their claim in one T.A Bill Form. Duplicate Bill will not be entertained.

PARTICULARS OF JOURNEY						Journey by Rail/Bus			K. Meter by road, at Paisa.....per K.M		Daily Allowance at Rs.....per day		TOTAL	
Departure			Arival			Class and number of Fares	Rate or single fare Rail/Bus	AMOUNT	No. Of K.M.	AMOUNT	No. Of Days	AMOUNT	AMOUNT	
Station	Date	Hour	Station	Date	Hour								Rs.	Ps.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
GRAND TOTAL														

(Space for Audit)

Countersigned

Head of Department / Gazetted Officer

Certified that Mr. _____
of _____
i) worked as _____
at _____
from _____ to _____
ii) Attended meeting of _____
on _____

Asstt: _____ Supdt. _____ Asstt. _____ Controller / Secretary _____

Cheque No. _____ **Dated** _____

Voucher No. _____

DECLARATION:

- I hereby certify that I have actually traveled by _____ for which I have claimed T.A.
- Certified that I have actually attended the meeting on _____
- Certified that Tonga charges of Rs. _____ were actually paid by me (receipt attached)
- Certified that I am class _____ officer and I am entitled to draw _____ class travelling allowance in my Department.

Signature _____

Address _____

Received Payment

Signature _____

One Rupee Revenue Stamp
to be affixed here if the
amount exceeds Rs. 20/- and
Five Rupees Revenue Stamp
if the amount exceeds Rs. 2000/-
and Revenue Stamp of Rs. 10/-
if the amount exceeds Rs. 10000/-