



Ref. No.....

KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

H.O. RANI, PATGAON, GUWAHATI- 17

CITY OFFICE: RESHAM NAGAR, KHANAPARA, GUWAHATI- 22

TRAVELLING ALLOWANCE BILL

1. Name.....
2. Designation & Address.....
3. Headquarter.....
4. Substance Pay.....
5. Purpose of Journey.....

Bank Details

Bank A/C No.....
 Name of the Bank.....
 Name of the Branch.....
 IFSC No.....

Particulars of Journey						Kind of Journey	Distance	Fare	AMOUNT
Departure			Arrival			Road/Railway/Airways	Hour or		Claimed
Station	Date	Time	Station	Date	Time		Kilometre		In Rupees
TOTAL TRAVELLING EXPENDITURE									
DAILY	Dates for D.A		Rate		Total Days		AMOUNT		
ALLOWANCE									
INCIDENTAL CHARGE									
GRAND TOTAL									
ADVANCE DRAWN									
BALANCE									

- N.B. 1. Timing should be shown as 13 hrs. for 1 PM
 2. Journeys of different kind and journeys and halls should not be entered on the same line.
 3. Bill should be submitted complete in all respect name.....
 4. Reference of voucher no. and date for advance purpose.

1. Payment on account of journey has not been so far received from this university or from any other source.
2. I have travelled by car no.....used for the

Countersigned with

Designation

Checked and entered

Passed for Rs.....only

(Rupees.....)

Accountant/ Accounts officer

RECEIVED PAYMENT
Signature

Signature

Pay Rs.....

Finance Officer

1. Air Travelling requires approval of Vice- Chancellor
2. Experts Travelling by Air have to submit their Boarding Pass