

**GOVERNMENT OF KARNATAKA
DIRECTORATE OF MEDICAL EDUCATION
PARA MEDICAL BOARD, BANGALORE - 560002
TRAVELLING ALLOWANCE BILL**

1. Name Dr.....
 2. Designation and Address.....

 3. Basic Pay
 4. For what month
 5. Purpose of journey

	Date	Place of journey		Amount Claimed		Total
		From	To	Amount in KM	Mileage	
T.A				Rs.7.5 /KM		
D.A		Rs. 600 Per Day (Outside Bangalore)		_____ days		
		Rs. 750 Per Day (Bangalore)		_____ days		
		Inspection Remuneration (2500.00)				
Grand Total						

Grand Total (in figures and words)

1. Certified that I have travelled in First/Second Class by rail/bus/car for the journey
 2. Certified that no T.A. and D.A. have been claimed from any other sources.

Account Details	
RTGS Account Number:	
IFSC Code	

Place
 Date

Signature

Bill passed for payment by A/C Payee cheque on State Bank of India For Rs.-----
 (in words -----)
 cheque No. ----- dated -----
 in favour of Dr. -----

Date

Member Secretary