

**BHAI GURDAS GROUP OF INSTITUTIONS  
SANGRUR-148001 (Pb.)**

**T.A. / D.A. BILL**

Name of Institute \_\_\_\_\_

Name ..... Designation .....

Purpose of Journey .....

.....

.....

Date	From	To	Mode of Journey	Distance in Kms.	Amount (Rs.)

**Local Conveyance Charges :**  
(if not travelled by own vehicle)

**D.A./Actual Exp. :**  
(whichever is lower)

**Any other Exp. :**  
(Enclosed Proof)

**Total (Rs.)**

\_\_\_\_\_  
\_\_\_\_\_

Certified that particulars furnished above are correct and true to the best of my knowledge and belief.

Sign. of Claimant

Name \_\_\_\_\_

Designation \_\_\_\_\_

**FOR OFFICE USE ONLY**

Checked

Passed

Countersigned

Accountant/Superintendent

Director

Chairman