

H.P.T.R.7
TRAVELLING EXPENSES CLAIM FORM

1. Establishment : _____ Month : _____

2. Name & Designation : _____

3. Basic Pay : _____ Head Qrs : _____

4. Purpose of Journey : _____

DEPARTURE		ARRIVAL		Km./ Mode of Travel	Rate/ Class of Travel	Actual Fare Paid	DAILY ALLOWANCE			Amount	TOTAL OF LINE
Station	Date & Hour	Station	Date & Hour				Hotel charges (if any)	No. of Days	Rate Admiss- ible		
1	2	3	4	5	6	7	8	9	10	11	12
GRAND TOTALS											

(DETAILS OF THE CLAIM)

1. Total of column no. (B. F.) Rs. : _____
2. Terminal Transportation Charges Rs. : _____
3. Local Transportation Allowance Rs. : _____
4. Transfer Grant Rs. : _____
5. Personal Effects
Wt. _____ Rate : _____ Amount Rs. : _____
6. Conveyance Charges Rs. : _____
7. Miscellaneous (Specify) _____ Rs. : _____
8. GROSS AMOUNT Rs. : _____
9. Less Advance of TA / TTA drawn vide
T/V No. _____ Dt. _____ Rs. : _____
10. NET AMOUNT PAYABLE Rs. : _____

(Signature of Claimant)

Passed for Rs. _____ (Rupees) _____

(Signature of Controlling Officer)

(Signature of D. D. O.)

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(TO BE USED IN AUDIT OFFICE)

Admitted for Rs. : _____

Objected to Rs. : _____

Reason for Objection : _____

(Accounts Officer)

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INSTRUCTIONS

1. Tour Diary should invariably be attached with the claim.
 2. In case of Transfer claim , the details of members of the family with age along with details of personal effects be given.
 3. The Receipt Nos. of Hotel and carriage charges bills be quoted against the relevant column.
 4. Ticket Nos. should be quoted , when journey are performed in a class higher than the Ordinary class.
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