

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

1. Establishment: _____ Month: _____ 200—
2. Name & Designation: _____
3. Basic Pay: _____ Head Qrs. _____
4. Purpose of Journey: _____

DEPARTURE		ARRIVAL					DAILY ALLOWANCE				
Station	Date & Hour	Station	Date & Hour	Km./ Mode of Travel	Rate/ Class of travels	Actual Fare Paid	Hotel Charges (if any)	DAILY NO. Of Day	Rate Admissible	Amount	TOTAL OF LINE
1	2	3	4	5	6	7	8	9	10	11	12
GRAND TOTAL											

(DETAILS OF THE CLAIM)

1. Total of Column no. 12 (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.)

(TO BE USED IN AUDIT OFFICE)

Admitted for Rs.: _____

Objected to Rs.: _____

Reason for Objection: _____

(Accounts Officer)

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 journeys are performed in a class higher than the ordinary class.