## H.P.T.R.7 TARVELLING EXPENSES CLAIM FORM

1. Establishment Month:

2. Name & Designation

3. Basic Pay + Other allowances Head Qrs:

4. Purpose of Journey

DEPARTURE		ARRIVAL		Km./	Rate/	Actual	Hotel Charg	DAILY ALLOWANCE			TOTAL
Station	Date & Hour	Station	Date & Hour	Mode Of Travel	Class of Travel	Fare Paid	es (if any)	NO. Of Days	Rate Admiss- Ible	Amount	Of LINE
1	2	3	4	5	6	7	8	9	10	11	12

## (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							
WtRate:Amount	Rs						
6. Conveyance Charges	Rs						
7. Miscellaneous (Specify)	Rs						
8. G R S S AMOUNT	Rs						
9. Less Advance of TA/TTA drawn vide							
T/V NoDt	Rs						
10. NET AMOUNT PAYABLE	Rs						
	(Signature of Claimant)						
December 19 (Dyman)	(Signature of Claimant)						
Passed for Rs (Rupees)	)						
(Signature of Controlling Officer)	(Signature of D.D.O.)						
(То ВЕ	E 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.

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