



भारतीय पेट्रोलियम और ऊर्जा संस्थान
INDIAN INSTITUTE OF PETROLEUM AND ENERGY

Bill No.: _____

TA BILL FOR TRANSFER / RELOCATION

PART-I (To be filled up by the Employee of the Institute)

1.	Name							
2.	Designation & Office							
3.	Basic Pay & Pay Level at the time of transfer							
4.	Headquarters	Old						
		New						
5.	Residential Address	Old						
		New						
6.	Particulars of the members of the family as on the date of transfer [vide SR. 2 (8)]							
	Sl. No.	Name	Age	Relationship				
	01							
	02							
	03							
	04							
	05							
7	Details of Journey (s) performed by the Employee of the Institute as well as members of his/her family							
	Departure		Arrival		Mode of Travel & Class of accomodation used	No. of fares	Fare Paid Rs.	Distance in Kms for Road
	Date & Time	From	Date & Time	To				
	1	2	3	4	5	6	7	8

8 Transportation charges for personal effect (Money Receipt to be attached)							
Date	Mode of transport	Station		Weight	Rate (Rs)	Amount (Rs)	Remarks
		From	To				
1	2	3	4	5	6	7	8

9	Transportation charge for personal conveyance (Money receipt to be attached)						
	(i) Mode of transport and station to which transported.						
	(ii) Amount						Rs
10	Amount of T.A. advance, if any, drawn					Rs.	
11.	Particulars of journey (s) for which higher class of accommodation than the one to which the Employee is entitled was used						
Sl. No	Date	Name of Places		Mode of conveyance used	Class to which entitled	Class by which travelled	Fare of entitled class Rs.
		From	To				Rs P
1	2	3	4	5	6	7	8
1							
2							
3							
12.	If the journey(s) by higher class of accommodation has been performed with the approval of competent authority, No and date of the sanction may be quoted						
13.	Details of journey(s) performed by road between places connected by rail.						
S. No.	Date	Nature of Place				Rail fare	
		From			To		
1	2	3			4	5	

Certified that the information, as given above, is true to the best of my knowledge and belief.

Signature of the Employee

Part – II

The details of expenditure

- (a) Railway/Air/Bus/Steamer fare Rs. _____
- (b) Road Mileage for _____ Kms.
@ _____ Per/kms Rs. _____
- (c) Composite transfer grant Rs. _____
- (d) Transportation of personal effects Rs. _____
- (e) Transportation of private conveyance Rs. _____
- (f) Gross amount ((a) + (b) + (c) + (d) + (e)) Rs. _____
- (g) Less amount of advance(s), if any, drawn Net Amount (f-g)
vide Voucher No _____ dated _____ Rs. _____
- Net Amount (f-g) Rs. _____

Total Amount due to Self/ Institute : Rs. _____
(Rupees _____)

1. Certified that I/my family was neither allowed free transit by Rail under free pass *nor* otherwise provided with means of communication at expense of the state or local Bodies journey for which T.A. has been claimed in this bill.
2. Certified that I/my family actually traveled by the class for which T.A. has been claimed in this bill.

3. Certified that I incurred running expenses in a car for which claimed in this bill for journey.
4. Certified that the road journeys for which mileage is claimed were performed by road but were charged by rail. The number of kilometers actually traveled by road being _____
5. Certified that the family members for whom T.A. has been claimed actually travelled with me or followed me on transfer. They were wholly dependent upon me & residing with me.
6. Certified that actual expenses incurred as cost or transportation of personal effects were not less than the sum claimed in the bill.
7. Certified that I have transported _____ kgms. of luggage on my transfer from _____ to _____

Signature of the claimant : _____

Name _____ Desig _____

Date: _____

Part - III (for the use by Accounts Division)

Bill is checked and admitted for the amount as per details below:

Particulars	Amount (Rs.)
Amount Claimed	
Amount approved for payment	
Less Advance drawn	
Net amount payable to (self/ Institute)	

Passed for payment/ recovery of Rs. _____ (Rs. _____).

The above expenditure is debitable to LTC head of account _____.

Dealing Asst.

Supdt (Accts)

IA

Registrar/Director

Recovery/ payment made vide _____ Date of Recovery/ payment: _____