**Form: F7**

# INDIAN INSTITUTE OF TECHNOLOGY INDORE

## TRAVELLING ALLOWANCE /CLAIM FORM

(To be printed on back of Form F6)

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**1.Name of the Applicant**:_____

**2.Designation & Department**:_____**3.Grade Pay**:_____

Institute Name (In case of external members)…….....……..……

Budget Head (to which TA / DA is to be debited)……..…….....…….....…

Amount of advance drawn, if any .....Tour report : Enclosed / Not enclosed

**4. Claimed fares(Air /Rail/ Bus) (Copy of tickets and boarding pass, where applicable, be enclosed):**

| Departure | | Arrival | | Mode & Class of Journey (Rail/ Road/ Air & Economy/IAC/II AC/ II AC etc.) | | Train /Flight No. & PNR No. | Fare (Rs) |
|---|---|---|---|---|---|---|---|
| Place | Date & Time | Place | Date & Time | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | Total Fare (Rs) | | |

**5. Details of local conveyance charges:**

| Date | Station | Place visited/travelled | | Distance (KM) | Mode of Travel - Taxi/ Auto/Other | Fare (Rs) | Remarks |
|---|---|---|---|---|---|---|---|
| | | From | To | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | Total Local Conveyance | | (Rs) | |

**6. Reimbursement of hotel/food bills (bills to be enclosed):**

| Sr. No | Date | Bill details | Amount (Rs) | Sr. No | Date | Bill details | Amount (Rs) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | Total (Rs) | |

Certified that I have travelled by the class and mode of conveyance as indicated above.

**Signature of the Applicant**

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(FOR FINANCE OFFICE USE)

Admitted for Rs……...

Disallowed / Added Rs …….…….

Passed for Rs ……..…….

Deputy Manager Manager AR / DR Registrar