

Indian Council of Philosophical Research

36 Tughlakabad Institutional Area, Near Butra Hospital, Tughlakabad, New Delhi-110 0062

Travelling Allowance Bill (Local)

1. Name (in block letters)
2. Address
3. Purpose of the Journey: for attending the
4. Actual Taxi charges from to
on Rs.
Total

- ✓ Certified that I undertook the journey specifically for the purpose of attending the
- ✓ Certified that I have not claimed or intend to claim from any other source any TA/DA for the journeys for which the claim is preferred herein.

Signature

(For Office use only)

Certified that the journeys for which TA has been claimed in the bill were actually undertaken in the public interest.

Passed for payment for Rs. (Rupees only)

Checked by

Accounts Officer

Receipt

Received from the Indian Council of Philosophical Research (ICPR) a sum of Rs. (Rupees only) for payment of my TA bill for the journeys mentioned above.

Date:

Signature