

**TUTICORIN PORT TRUST
DEPARTMENT
TRAVELLING ALLOWANCE BILL**

Name and Design.	Head Quar- ters	Pay	Particulars of journey and Halt						Purpose of journey	Kind of journey	Actual fare paid	Total amount Rs. Ps.
			Departure			Arrival						
			Station	Date	Hour	Station	Date	Hour				
									Travel total			
									D.A			
									Grand Total			
									Less Advance drawn			
									Net amount payable			
									Amount remitted if any vide Receipt No			
								(Rupees			Only)	

1. Certified that I have not claimed this Bill previously.
2. Certified that I have not drawn tour advance.
3. Certified that I have travelled more than 8 k.m. from Head Quarters.

Encl: 1. Train/Flight tickets (In original) Absence from Stay at
 2. Travels bill. Date Headquarters Metro city

SIGNATURE OF THE EMPLOYEE