## **T.R. FORM NO. 21**

[See sub-rule (2) of T.R. 4.104]

## **Travelling Allowance Bill For Transfer**

Note – This bill show	ıld be prepared	l in duplicate –	one for payment	and the other as off	ice copy
D.D.O. Code N		-	1 7		1 0
Grant No					
Head of Account Co	de No				
					Bill No.
	Date				
Token/T.V. No.	Da	ate			

## PART A (To be filled up by Government employee)

- 1. Name
- 2. Designation
- 3. Pay
- 4. Headquarters
  - (a) Old
  - (b) New
- 5. Residential address
  - (a) Old
  - (b) New
- 6. Particulars of the members of the family as on the date of transfer [vide T.R. \_\_\_]

Serial No.	Name	Age	Relationship with the Government employee
1	2	3	4
1. 2. 3. 4.			

7. Details of journey(s) performed by the Government employee as well as members of his/her family.

Date and Otime	ure From	Arri Date and time	ival To	Mode of travel and class of accommodation used	Class to which entitled	No. of fares with Ticket No.	Fare paid	Fare of the entitled class	Distance in kms. by road	Remarks (Difference of column 8 and 9 and whether approved by competent authority with order no. and date)
1	2	3	4	5	6	7	8	9	10	11
							Rs. P.	Rs. P.		

8. Transportation charges of personal effects.

(Money receipts to be attached)

Date	Mode	Station From To	Weight in Kgs.	Rate		Amount	Remarks
				Rs.	P.	Rs. P.	
			Total				

9. '	Transportat	ion cl	harges	of '	personal	convey	yance:
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(Money receipts to be attached)

- (a) Mode of transport and station to which transported.
- (b) Amount.
- 10. Amount of advance, if any, drawn.
- 11. Details of journey(s) performed by road between places connected by rail.

Date	Names of places		Fare paid Rs. P.
	From	То	Rs. P.

Certified that the information, as given above, is true to the best of my knowledge and belie	Ce	rtified	that	the	inf	formation.	as	given	above.	is	true to	the	best o	of mv	know	ledg	e and	be	lie	ř.
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(	)
Signature of the Government emp	loyee
Date_	

		<b>3</b> (To be filled in t			
The net entitlement detailed below:	on account of trav	eling allowance v	vorks out to	Rs	as
detailed below.					
			Rs.	P.	
(c) Transfer grant (d) Transfer incident (e) Rs per day) (e) Transportation of (f) Transportation (Gross and (g) Less amount of a vide voucher(s) I	e forkms @  cals (DA for f personal effects on of private convey nount	days yance  rawn			
	Please pay Net an	mount	Rs.		
		(in words)		onl	y.
(including th	nditure Rsis bill) lable Rs open cheque /				
Bill clerk	Accountant	Signa	ature of Dra	wing & Disbursing Office	er
		Cour	ntersigned		
		Signa	ature of Con	trolling Officer	
		For use at the Tr	easury		
Examined and entered		_ (Rupees (in words) nent of the Drawin			
Accountant/J	J.A.O.		T.	O./A.T.O./P.A.O./A.P.A.C	).
Dated	_20				
For use at the Office				ngal	
Admitted Rs					
Objected Rs.	fo	r reasons stated be	elow.		
Dated	20	Auditor	S.C	O./A.A.O./Audit Officer	