

**GOVERNMENT OF ARUNACHAL PRADESH
ARUNACHAL STATE RURAL LIVELIHOODS MISSION
ARUNACHAL PRADESH :: ITANAGAR**

Phone (0360) 2291910 Email – srlmceo@gmail.com

TRAVELLING BILLS

Note: This should be prepared in duplicate one for payment and other as office copy.

1. NAME & DESIGNATION :-

2. Place of Posting :-

3. Purpose of Journey :-.....

4. Account No.....

Particulars of Journey and Halts(if any)

Departure Details			Arrival Details			Means of Conveyance	Distance in KM for Road mileage	Actual fare paid	Other enroute expenses(if any)	REMARKS
From (Station)	Date	Hour	To (Station)	Date	Hour					

Total Amount Rs.

5. DATE OF ABSENCE, IF ANY, FROM PLACE OF HALT :-
AND REASON THEREOF,

6. DATES ON WHICH FREE BOARD LODGING/ BOARDING :-
PROVIDED

Certified that above mentioned details are correct and accurate to the best of my knowledge, and that aforesaid mentioned expenses have been incurred by me for the above mentioned tour/visit.

STATION :-.....

DATE :-.....

SIGNATURE

.....for office use only

7. ADVANCE IF ANY. :-

8. TOTAL AMOUNT :-

9.PASSED FOR TOTAL AMOUNT :-

Passed for a total sum of Rs..... (Rupees

.....) only.

CALCULATED BY

**SIGNATURE OF
SMM(FM)**

**SIGNATURE OF
Controlling Officer**