

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 of the candidate:-
2. Designation :-
3. Purpose of Journey :- Rural Attachment Test

**Particulars of Journey and Halts (if any)**

Departure Details		Arrival Details		Means of Conveyance	Distance (in km)	Actual fare paid	Other enroute expenses (if any)	REMARKS
From (Station)	Date & Time	To (Station)	Date & Time					

**Total Amount**  
Rs.

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

.....*for office use only* .....

**6.PASSED FOR TOTAL AMOUNT**

:-  
 Passed for a total sum of  
 Rs.....Rs.....) only.

CALCULATED BY

SIGNATURE  
OF  
SMM(FM),  
ArSRLM

SIGNATURE OF CEO-cum-SMD, ArSRLM