



**4. Reimbursement of Food Bills (Bills to be enclosed):**

Sr.No.	Date	Bill Details	Amount in Rs.	Sr. No.	Date	Bill Details	Amount in Rs.
1.							
2.							

5.	Further particulars required to be furnished	Replies
a.	i) Whether you availed on Saturday, Sunday & Holidays or any leave during the days of halt? ii) If yes, please give details about the period and date	
b.	Whether the T.A. is to be borne by IIT Bombay/Project/Any other source? Please give expenditure Budget Head if possible.	Budget Head _____

**6. Summary of claimed Amount: in Rs.**

		To be completed by the Official	To be filled by Office
i)	(a) Fare		
	(b) Conveyance charges		
	(c) Hotel/Accommodation Charges		
	(d) Food/Boarding charges		
	(e) Other claim (Airport Conveyance charges)		
	<b>Total</b>		
ii)	Less: Advance taken on dt.: _____		
	<b>Net Amount</b>		

Signature of the claimant

Countersigned

DIRECTOR / DEAN (R & D) / REGISTRAR / H.O.D

Forwarded herewith T.A. claim for necessary action

Admn.

To: Accounts Section

Admitted for Rs. \_\_\_\_\_

Passed for Rs. \_\_\_\_\_

Disallowed/Added Rs. \_\_\_\_\_

Asstt. Registrar

(Audit)

Passed for Rs. \_\_\_\_\_

Asstt. Registrar (F & A)