

INDIAN INSTITUTE OF TECHNOLOGY, BOMBAY

MEDICAL CLAIM FORM - TRAVELLING ALLOWANCE

I. Status Information of the Claimant		
Claimant's Name	Designation	Department

Salary Code/ Roll No.	Pay band & Grade Pay	Tel. No.	E-Mail ID

II. Particulars of Journey							
Departure			Arrival		Mode of Journey	Fare Amount (Rs.)	Remarks
Sr. No.	Place From	Date	Place To	Date			
Total Amount Claimed							

Certified that distances for road journeys shown in the bill are correct to the best of my knowledge and belief.

Certified that the journey were performed by the shortest and cheapest route.

The distance traveled is more than 8 kilometers each way.

The claim for journeys mentioned in this bill has not been preferred before.

The Journey is undertaken within the same city.

Certified that I have/have not availed of free transport of this Institute or of any one else.

Claimant Signature

Countersigned

**Registrar/Dy. Registrar (Admin.I)
Indian Institute of Technology Bombay**

RECEIPT

Received Rs..... Rupees..... from
Prof./Shri/Ms.....towards hiring charges of Taxi/Auto
from..... to on _____
to visit the hospital. Approximate distancekm.

Signature of Driver:
Taxi/Auto No.:

I hereby certify that I have made the above payment.

Counter signature of the (Faculty/Staff)

ID No.-

Date:

RECEIPT

Received Rs.....Rupees.....
from Prof./Shri/Ms.....towards hiring charges of Taxi/Auto
from..... to on _____.
Approximate distancekm.

Date:

Signature of Driver:
Taxi/Auto No.:

I hereby certify that I have made the above payment.

Counter signature of the (Faculty/Staff)

ID No.-

Date: