

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.

5.	Further particulars required to be furnished	Replies
a	i) Whether you availed of Saturday, Sunday & holidays or any leave during the days of halt? ii) If yes, please give details about the period and date:	
b	ii Whether the T.A. is to be borne by IIT Bombay/Project/Any other source? Please give Expenditure Budget Head. if applicable:	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 claims (details to be furnished)		
	Total		
ii	Less: Advance Taken on dt.: _____		
	Net Amount		

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. _____

(Audit)

Asstt. Registrar

Passed for Rs. _____

Asstt. Registrar (F & A)