

NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND RESEARCH
(NIPER) – AHMEDABAD

Name: _____ Activity Name: _____

Designation: _____ Grade Pay/Academic Grade Pay: _____

I am furnishing journey details for my TA bill with a request to reimbursement as per rules.
 Mode of transport used in journey: Air / Train / Bus / Auto /Car/Two wheeler (Please tick ✓)

(A) Transport Details

To & Fro journey details i.e. Date & Time	Station		Mode	Distance	Total Amount
	From	To			

(B) Accommodation Details

Name of the Hotel & Room Type	Date		No of days	Total Amount
	Check in	Check out		

(C) Others

Daily Allow.	Date		No. of days	Per day amount	Total Amount
	Departure time	Arrival time			

(D) Honorarium

Meeting details	Date of Meeting	Honorarium per day	Total Amount
Total Amount {A+B+C+D}			

Amount in words :(_____)

Certified that the above information & the TA claim are correct to the best of my knowledge. I also certified that the journeys were performed by the shortest & cheapest route & were actually performed by the mode stated in the bill. I also hereby declare that I have not claimed the TA amount to any other Institute or other source.

Date: _____

Signature of the Claimant: _____

For Office Use – The above claim is found to be correct & passed for payment.

Internal Auditor

Accountant

Fin & Accts Officer

Registrar

(Remarks of Financial Authority): APPROVED / NOT APPROVED

DIRECTOR

Receiver's Signature: _____



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Bank Details

Beneficiary Name	
Bank Name	
Branch Address	
Account Number	
IFSC Code	
PAN NO.	

Date:

(Signature of the claimant)

1. Please attach a cancelled cheque along with this form.