

Project Name:-

Project No:-

NATIONAL INFORMATICS CENTRE SERVICES INC.

NEW DELHI

LOCAL TRAVELLING ALLOWANCE BILL

Name:-

Designation :-

E.Code:-

Section/Div. Address:-

Pay Scale:-

Contact No:-

Residential Address:-

E-Mail:-

SL.NO.	Time	Date	Travel		Taxi/Auto	Kms.	Fare Paid	Purpose of Journey.
			From	To				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Certified that I have actually spent amount narrated above and the claim was not preferred previously.

Certified that Shri/Kum/Smt.

was directed to travel by Auto/Taxi in the interest of Organisation.

Signature

Controlling Officer

Signature of GM

Passed for payment for Rs. _____ (Rupees _____)

Signature of DM Accounts

Signature Of Receiving Officer