**GAR-14.B**

Sub bill No ……………….

**TRAVELLING ALLOWANCE BILL FOR TRANSFER**

**Note**: This bill should be prepared in duplicate – one for payment and the other as office copy.

**PART A – (To be filled by the Government servant)**

Name …………………………………………….………… Designation ………………………………………….……

Audit No. …………………………………………………. Pay at the time of transfer Rs. …………………………………

Head-quarters.

1. Old ……………………………………………………………………..
2. New ………………………………………………………………….…

Residential Address/

1. Old ………………………………………………………………………
2. New ……………………………………………………………………..

Particulars of the members of the family as on the date of transfer [vide S.R. 2(8)]

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name** | **Age** | **Relationship with Government servant** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

Details of journey (s) performed by the Government servant as well as members of his/her family.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DEPARTURE | | | ARRIVAL | | | Mode of Travel and class of accommodation used | No. of fares | Fare paid Rs. | Distance in km by Road |
| Date | Time | From | Date | Time | To |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Transportation charges of personal effects. (***Money receipts to be attached***)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Mode of Transport | Station | | Weight in kgs | Rate Rs. | Amount Rs. | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **TOTAL** | | | | |  |  |  |

Transportation charges of personal conveyance: (***Money receipt to be attached***)

1. Mode of transport and station to which transported.
2. Amount: Rs. ………………………………………

10. Amount of advance, if any draw. Rs. ………………………………………

Particulars of journey (s) for which higher class of accommodation than the one to which the Government servant is entitled was used.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name of Place** | | **Mode of conveyance** | **Class by which entitled** | **Class by which travelled** | **Fare of the entitled class Rs.** |
| **From** | **To** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

If the journey by higher class of accommodation has been performed with the approval of the competent authority. No. and date of the sanction may be quoted.

Details of journey(s) performed by road between places connected by rail.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Name of Places** | | **Fare Paid** |
| **From** | **To** |
| **1** | **2** | **3** | **4** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Certified that the information as given above, is true to the best of my knowledge and belief.

Date: ………………………………….. Signature of the Government servant

Place: …………………………………. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART-B**

**(To be filled in the Bill Section)**

The net entitlement on account of travelling allowance works out to Rs. ………………………………………...

(Rupees …………………………………………………………………………………………………………) as detailed below:

|  |  |
| --- | --- |
|  | **Rs.** |
| 1. Railway/Air/Bus/Steamer fare |  |
| 1. Road mileage for ….….. Kms @ ……….p Km. |  |
| 1. Composite Transfer Grant |  |
| 1. Transportation of personal effects |  |
| 1. Transportation of private conveyance |  |
| 1. Less amount of advance(s) if any, draw vide voucher(s) No …..……… date …………... |  |
| **Net amount** |  |

2. The expenditure is debitable to ……………………………………..

Category Head of Accounts Amount Rs.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Initials of bill clerk Signature of Drawing and Disbursing Officer**

Countersigned

**Signature of Controlling Officer**