

B. DAILY ALLOWANCE

TOTAL PERIOD OF ABSENCE FROM HEAD QUARTER	NO OF DAYS FOR WHICH DA CLAIMED		RATE	AMOUNT
	At reduced rate	At full rate		

C. SITTING FEE: _____

Name and address of
Hotel accommodation:

No of days stayed:

Claim as per "A" : _____ Claim as per "B" : _____

Claim as per "C" : _____

Total (A+B+C) : _____ (Rs. _____ only.)

Certified that incumbent has performed his/her duties in report to and
Conveyance be paid for the periodto

Signature of the claimant with date

Signature of Supervising
Officer / Head of the Department

Passed for payment of Rs. _____ (Rupees _____)

Received in full

Signature of the Claimant (Affix revenue stamp)

Finance Section
National Sports University, Imphal