

NATIONAL SPORTS UNIVERSITY: IMPHAL

TA/DA CLAIM FORM

(For use in Accounts' Section (Mandatory field))

Name of claimant :	Name of bank
Designation:	Name of branch
Basic pay with GP :	Account No.
Headquarter :	IFS Code
Purpose of visit :	Type of Account:
	MICR Code No:

A. TRAVELLING ALLOWANCE:

DEPARTURE		ARRIVAL		JOURNEY			IF TRAVELLED BY TAXI/CAR, PLEASE INDICATE						
Date	Time	Station/Place	Date	Time	Station/Place	Mode of travel	Class	Distance in Km.	Fare paid	Vehicle No	Model of Vehicle	Petrol or Diesel	Whether shared

B. DAILY ALLOWANCE

TOTAL PERIOD OF ABSENCE	NO OF DAYS FOR WE	IICH DA CLAIMED	RATE	AMOUNT	
FROM HEAD QUARTER	At reduced rate	At full rate			
C. SITTING FEE:					
	and address of accommodation:		No of days stayed:		
Claim as per "A" :		Claim as per "B"	:		
Claim as per "C" :					
Total (A+B+C) :		(Rs		only.)	
	d that incumbent has performed his ance be paid for the period				
Signature of the claimant with date		of Supervising d of the Department			
Passed for payment of Rs	(Rupees)	
Received in full					
Signature of the Claimant (Affix revenue stamp) National Sports University					