SHAHEED BHAGAT SINGH STATE UNIVERSITY, FEROZEPUR

TA/ Honorarium Bill

1. Name : : .....
2. Designation : .....
3. Address : .....
: .....
: .....
4. Purpose : .....
5 PAN No : .....

: Name of Student…….……Date of Viva…….

6. Bank Details : Bank Name: ……..

Account No.: …… IFSC Code: …….....

7. Traveling Details: - Vehicle Number**:…….**

T.A. (A)

SN. No.	From Station	Date	To Station	Date	Mode of Journey	Rate @ Rs/Km	Amount
1							
2							

Honorarium (B)

Number of Days	Rate	Total Amount

Grand Total (A+B) Rs……. (In Words) ……
…….

Signature of Claimant……..

Verified by HOD……..

Passed for Rs……..…… (In Words) ……..……

Finance Officer Deputy Registrar Supdtt. Dealing Hand

Submitted for approval Pl.

Registrar