

Assam Health Infrastructure Development & Management Society

Travelling/Daily Allowance Bill Form

Name: _____ **Designation:** _____

Place of posting: _____ **Purpose of visit :** _____

Sl. No	Date	Dep. Time	Arr. Time	From	To	Mode of Conveyance	Fare Paid* (Air/Rail/Bus) (Rs)	Local Conveyance Detail	Conveyance Paid (Rs.)*	Lodging Rate/Day (Rs.)	Amount of Hotel/Lodge Rate Paid/Day (Rs.)	Rate of DA	Amount of DA (Rs.)	Total Amount (Rs.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1														
2														
3														
4														
5														
Total no. of days :														Total :
													Less (Advance Drawn) :	
													Balance due from/to AHIDMS :	
													Net payable amount :	

Rupees: _____

*** Proof of payment or certification to be enclosed**

Signature of Claimant:

Approved By:

Date: