



**MAHARASHTRA STATE BOARD OF TECHNICAL EDUCATION MUMBAI
T.A.BILL FORM**

Bill No.		Voucher No.		Month :					
Date :		Date :							
Name:									
Designation :-					Basic Pay				
Office Order No & Date :-									
Reason For Travel :-									
Details of Travel & Stay						Mode of Travel Bus/Rail/ Private Vehicle/T axi/Scoot er/Aeropl	Total Distance in K.M.	Ticket No if travelled By A/C Ist Class Train/ Plane/Taxi etc.	Fare (in Rs)
Departure			Arrival						
Date	Place	Departure Time	Date	Place	Arrival Time				
D.A. @ Ordinary Rate of Rs			i.e. For No. of Days						
Total (in words) Rs.:-									
Certified that :- 1. I have not used any travelling allowances.						Amount of Bill Rs. :-			
						Budge Provision Rs:-			
Signature of Applicant									
Passed for payment & cashier to pay Rs. :-						Clerk	Supdt		
(in words) Rs :-						Account Officer			
Clerk N.A Audit.	H.C./ Suptd Audit	Account Officer	Dy Secretary	Received By Cash/ Cheque					
				Paste revenue stamp					
				Revenue Stamp					
						Applicants Sign			
Name of Bank:						only if amount exceeds Rs. 500			
Branch:									
Account no:									
IFSC code:									
Mobile No:									