



West Bengal State Council of Technical Education

Kolkata Karigori Bhavan (2nd Floor), 110 S.N. Banerjee Road, Kolkata-700 013

T.A. BILL

Name of the incumbent : _____
performing the journey

Designation &
Organization : _____

Residential Address : _____

Type of Appointment : **Regular / Contractual / Ad-hoc / Visiting / Part-time** Basic Pay : Rs. _____

Purpose of journey : _____

Office Order Number : _____ Date: _____

Date	Time of Departure	From	Time of Arrival	To	Kind of Journey	K.M.	Rate	Total Amount Rs.	P.	Remarks
Grand Total :										

(Rupees _____) only.

Payment may be made by means of account-transfer of the amount approved/claimed. The bank particulars are as follows :

Name of the account: _____ Account No. : _____

Bank, Branch: _____ IFS Code: _____

- Certified that:
1. No claim was placed in any other organization.
 2. The journey was performed in the public interest.
 3. The bill was not claimed before.

Counter Signature of Competent Authority

Signature

Passed for Rs. _____ (Rupees _____) only after proper verification.

Signature of dealing Clerk

The payment is made against Bill No. _____/WBSCTE/ Dated _____
vide Cheque No. _____ Dated _____ / Cash.

Note: Mention PNR No. of the railway ticket in case of reservations & ticket nos. for bus journey/unreserved railway journey.

Signature of D.D.O.