

Entered in Exam. Register

with no. : _____

Date : _____



SARDAR PATEL UNIVERSITY
VALLABH VIDYANAGAR

Voucher No. : _____

Date : _____

Exam Code : _____

Name of Faculty : _____

(B) Bill for Travelling Allowance (50062)

To,

The Registrar, Sardar Patel University, Vallabh Vidyanagar

Note:

- 1) All entries in this form must be filled in by the person preferring the bill. Incomplete form will not be accepted for payment.
- 2) Payment of this bill will be made in your Bank Account provided by you.

Full Name of Examiner (CAPITAL LETTER) _____

in _____ at _____ Month of _____ 20 _____

Full Address of College/Department _____

The amount due to me being the cost of travelling and halting allowance as under :

[a]	Subject Code	Departure From			Arrival at			Rs.	
		Place	Date	Time	Place	Date	Time		
1									
2									
3									
4									
5									
6									
7									
[b]	Meeting/s for								
	1	Paper-setting/Submission of MSS							
	2	Setting the Mark Sheet /Result / Gracing / Submission of Answer Books							
	3	Conducting Ph.D. /M.Phil./M.E./M.Sc. Viva							
	4	Conducting Practical / Project Viva							
	5	Central Assessment at Vallabh Vidyanagar / Anand							
[c]	Halting allowance @ Rs. 150/- per day or part thereof								
Total Travelling Amount (B) Rs.									

1. I declare that I have travelled by _____ class. In case I travel by any lower class o the return journey I undertake to return / refund the amount equal to the difference.
2. I hereby declare that I have travelled by my own Car No. _____ (Kindly attach a copy of RC book)
3. I further declare that no Travelling Allowance from any public or semi-public authority or a part or the whole of the journey in respect of the above bill has been claimed by me.
4. I declare that the above information is provided by me is correct.

Date : _____ Sign. of Examiner _____ Sign. of Convener /Coordinator _____

Checked by (Exam. Section)

O.S./Statistician (Exam Section)

For the use of Account Section only

Total Travelling Bill (B) _____ Passed for Net Pay (B) _____

(_____ Only.)

Checked by

Dy. Accountant

C.A.O.

Registrar