



GOVERNMENT COLLEGE UNIVERSITY FAISALABAD

Expenses on account of Travelling / Official Tours

Name of Officer/Official: _____

Designation: _____

Basic Pay Scale: _____ CNIC #: _____

Department: _____

Departure			Arrival			Mode Of Journey	Mileage			Daily Allowance			Hotel Charges			Others		Total Claim	Purpose Of Journey	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Date	Time	Station	Date	Time	Station	Rail / Road / By Air	Millage (In KM)	Rate Per KM	Amount (In Rs.)	No. of days	Rate of Daily Allowance	Amount (in Rs.)	Hotel Name	Bill No.	Amount (In Rs.)	Particulars	Amount (In Rs.)	Total of Col. # 10,13,16 & 18		

- 1- Certified that I have travelled in the class of accommodation to which I was entitled.
- 2- Certified that no TA /DA advance is against me.

Signature of Claimant

Counter Signature of Controlling Officer