



BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY, LUCKNOW-226025

Performa for TA/DA/ Honorarium BILL of Members/Experts/Examiners etc.

1. Name.....
2. PAN Card No.
3. Designation.....
4. Basic Pay & Grade Pay.....
5. Name of Institute in which attached.....
6. Purpose of the visit.....
7. Bank A/C No-.....
8. Bank RTGS/ NEFT /IFSC code -.....
9. Bank Name & Branch address.....
10. Mobile No.....
11. Email Address.....
12. Residential address.....

Details of Journey performed:-

Part (A)- Travel Allowance (TA)				Made of Travel & class of Accommodation	Ticket No.	Distance in Kms.	Actual Fare Paid (Rs.)	
Departure		Arrival						
Date & Time	From	Date & time	To					
Total amount of travelling allowance claimed								
Part (B)						DA, if applicable		
Grand Total (A+B)								

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Halt & Journey as mentioned above is verified. 2. A copy of approval of competent authority for inviting members/expert/examiner is enclosed. 3. A copy of approved honorarium is enclosed. 4. Ticket is enclosed (in case of air journey, boarding pass is mandatory to be enclosed) 5. Receipt of Toll Tax/Entry tax etc. is enclosed. | <ol style="list-style-type: none"> 1. Certified that the information as given above is true to the best of my knowledge and belief. 2. Certified that I have travelled by the class for which claim has been made. 3. Certified that I have not claimed above expenditure from any other sources. 4. Honorarium claim on prescribed format is enclosed. |
|---|---|

(Signature of the HOD)
(Name, Designation with Stamp)

Signature of Claimant

(To be filled up by Accounts section)

T.A.	
D.A	
HONORARIUM	
Total	
Less - TDS on Honorarium	
NET PAYBLE	

Checked & Passed for payment of Rs.....

Bill Clerk Sr. Assistant SO (F) AR (F) DR (F)/JR (F) F.O.

Cheque No./RTGSdate.....Rs.....

Received with thanks Rs.....

Signature of claimant with Revenue stamp

Cashier

बाबासाहेब भीमराव अम्बेडकर विश्वविद्यालय

विद्या विहार, रायबरेली रोड, लखनऊ-226025

BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY

(A Central University)

Vidya Vihar, Rae Bareli Road, Lucknow-226025

HONORARIUM FORM

1. NAME :
2. DESIGNATION :
3. PURPOSE OF VISIT :
4. DATE :
5. HONORARIUM : HONORARIUM
6. AMOUNT PAYABLE : (In figures)- _____
(In Words)- _____
7. SIGNATURE RECIPIENT :
8. COUNTER SIGNED :

REGISTRAR/CO-ORDINATOR/INCHARGE