

(FOR OFFICE USE ONLY)

The above details have been verified and claim may be admitted.

Date: _____

Signature of the Convenor

- | | |
|--------------------------|-----------|
| 1. Travelling Allowance | Rs. _____ |
| 2. Other Allowance | Rs. _____ |
| | Rs. _____ |
| 3. DA _____ Days @ _____ | Rs. _____ |
| TOTAL | Rs. _____ |

Passed for payment of Rs. _____ (Rupees _____
_____) only.

Drawing and Disbursing Officer

PAYEE'S RECEIPT

Received Rs. _____ (Rupees _____
_____) only.

**Rev.
Stamp**

Signature of the Claimant