

## HPTR 7

## TRAVELLING EXPENSES CLAIM FORM

1. Establishment:  Month  20 2. Name & Designation: 3. Basic Pay  Head Qrs. 4. Purpose of Journey: 

Departure		Arrival		Km./ Mode of Travel	Rate/ Class of Travel	Actual fare paid	Daily Allowance			Amount	Total of Line
Station	Date & Hour	Station	Date & Hour				Hotel Charges (if any)	No. Of Days	Rates Admissible		
1	2	3	4	5	6	7	8	9	10	11	12
				<b>Grand Total</b>							

**(DETAILS OF THE CLAIMS)**

1. Total of Column No. 12 (B.F.) ₹
2. Terminal Transportation Charges ₹
3. Local Transportation Allowance ₹
4. Transfer Grant ₹
5. Personal Effects ₹
- Wt. Rate: Amount ₹
6. Conveyance Charges ₹
7. Miscellaneous (Specify) ₹
8. GROSS AMOUNT ₹ :

9. Less Advance of TA/TTA drawn vide

T/V No.  Dt.  ₹

10. NET AMOUNT PAYABLE ₹

(Signature of Claimant)

Passed for ₹  (Rupees)

(Signature of Controlling Officer)

(Signature of D.D.O.)

**(TO BE USED IN AUDIT OFFICE)**

Admitted for ₹

Objected to ₹

Reason for Objection

(Accounts Officer)

**INSTRUCTIONS**

1. Tour Diary should invariably be attached with the claim.
2. In case of transfer claim, the details of members of the family with age along with details of personal effects be given.
3. The Receipt Nos. of Hotel and carriage charges bills be quoted against the relevant Column.
4. Ticket Nos. should be quoted, when journeys are performed in a class higher than the ordinary class.