

FEE REGULATORY COMMITTEE, AHMEDABAD

BILL FOR TRAVELLING ALLOWANCE FOR EXPERT VISIT

DATE: _____

Name, Designation & Address:

Date of visit:	Name of other team members	Name of Institute & Place

(A) T.A. (Maximum ceiling of Rs.8/- per kilometer for Taxi or own car)

Date of Journey	From	To	Distance (K.M.)	Mode of Journey	Rate per/k.m.	Amount Claimed	Remarks
							Attach original bill in case of hired taxi

(B) D.A. (@ Rs.150/- per day)

		No. of Days x 150	Total Rs:		
		GRAND TOTAL: (A) + (B) Rs.			

(Rupees)

Signature:.....

Name:.....

FOR OFFICE USE ONLY	
Passed for payment Rs.....	As TA & Rs.....DA Total:.....
Officer on Special Duty, FRC	Member Secretary, ACPC

Received Rs..... (Rupees.....) from the Member Secretary, ACPC, Ahmedabad towards T.A. / D.A.

Signature:.....

Name:.....