**PUNJAB NURSES REGISTRATION COUNCIL**

**TA/DA BILL – FLYING SQUAD – NOV. 2017**

|  |  |  |  |
| --- | --- | --- | --- |
| SN | Particulars | To be filled by Flying Squad(Mention Team No. also) | For Office use only |
| 1 | Name |  | Voucher No. |
| 2 | Address of College |  | Date ……… |
| 3 | Mobile Number |  |  |
| 4 | E-Mail |  |  |
| 5 | Centre No. & Name |  |  |
| 6 | Date of Inspection |  |  |
| 7 | Mode of Journey & Car No. |  |  |
| 8 | Bank Account Number |  |  |
| 9 | Bank Name & Branch |  |  |
| 10 | IFSC  |  |  |

**Details of TA/DA (Attach additional sheet, if required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Departure |  Arrival | Distance for Road Mileage | Amount |
| Station | Date | Time | Station | Date | Time | K.M. | Rate  | Rs. |
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|  |  |  |  |  |  |  |  |  |
|  | DA (Rs. 120/- per day)  |  |  |
|  | Flying Squad charges(Rs. 500/- per day) |  |  |
|  | **Total (Rs.)** |  |  |

**Declaration**: Certified That - - - -

(i) Particulars provided herewith are correct & that I have not claimed T.A./D.A. etc for this Journey from any other public source.

(ii) I was not provided free lodging and/or Boarding at the cost of Govt./ University or any autonomous body.

**Signature**.......................................

**For use in Accounts Branch**

 Passed for Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 **Accountant Supdt. Registrar**