

INDIAN PHARMACOLOGICAL SOCIETY

Name of the official /Officer Dr./Mr./Mrs/Miss _____

Travelling Allowance Bill

Designation _____

(Write purpose for travelling)

Department _____

Bank Account No _____ IFSC Code _____

Basic Pay _____

Particulars of Journey and Halt

Sr. No	Station	Departure dated Hrs	Station	Arrival dated Hrs	No. Of Kms Travelled and kind of journey	Rail or roads or Air	No of Days	Kms	Total amount claimed	Ticket no's (Please attach (Tickets)	Amount admissible

Signature of Claimant

Note

1) Please fill in all columns on Pages 1

Railway /Bus /AIR fare/ Road mileage