Atal Medical & Research University, H.P.

(A State Govt. University)
Website:- www.amruhp.ac.in

(Travelling Expenses/Remuneration/Honorarium Claim Bill)	
Name & Designation:	**Basic Pay (PPB + GP)/ Pay Level:**
Official Address:	**Date(s) of meeting:**
Purpose of Journey / Meeting:	

Departure			Arrival					Honorarium / Daily Allowance			Total Amount (A+B)
Station	Date	Time	Station	Date	Time	No. of Km	Fare Paid (A)	No. of Days	Rate	Amount (B)	
Total (in Rupees)											

Account Number:	IFSC Code:	Branch Name:

Declaration: I declare that no honorarium/remuneration /TA/DA for a part or the whole of the journey/purpose covered in this bill has been drawn earlier in any shape.

Signature of the claimant

Entered by
(Dealing Assistant)

Verified by

Approved by