



राजीव गांधी प्रौद्योगिकी विश्वविद्यालय

कार्यालय परिसर ब्लॉक ए-4, गौतम नगर,

भोपाल - 462023

दूरभाष : 0755 - 2583627, 2583673, 2583656

फैक्स : 0755 - 2583656

BILL FOR PAYMENT OF CONVEYANCE ALLOWANCE

Name -----

Date-----

Address-----

Object of traveling-----

Date of Meeting-----

Journey From-----to-----K.M.-----

In figures Rs.-----only (In words Rs.-----only)

(I----- (name) hereby certify that

1. I have not received TA/DA from any other sources for the traveling
2. I traveled by my own car (No.-----)
3. The claim has been preferred for the first time.
4. The claim is with limitation of ordinance
5. In case the amount paid by the Model Center is reduced by the RGPV
In undertake to refund the excess amount paid by the Model Center

RECEIVED PAYMENT

Signature of Claimant

Certified that the claimant has attended the above meeting & that he has not been
paid CA previously on this amount Payment verified for Rs-----

(Rs.-----Only)

Controller (Exam.)/
Officer in charge RGPV/
Principal
Co-ordinator.

Accountant

Passed for payment for Rs.----- (Rs.-----Only)
under head-----

DDO
RGPV

SECRETAR
RGPV