

FORM FOR REIMBURSEMENT OF RELOCATION CHARGES

Employee. No.....	For Accounts use only: <i>Budget Head</i> Allocated budget. <i>Available amount</i>
Name.....	
Designation.....	
Department.....	
Pay Level Cell No. Basic Pay	
Date of Joining in the Institute.....	
Appointment Letter No. & Date (attach copy also)	

PARTICULARS OF JOURNEY

Departure			Arrival			Mode of Journey (Rail/Air/Road)	Class	Distance (in KM)	Fare (In Rs.)	Details of Flight/ Train	Remarks
Station	Date	Hour	Station	Date	Hour						
Total											

1. Total Fare: Rs.....
2. Expenditure on account of transportation of Personal Effects: Rs.....
 - (i) Weight of Personal Effect (in Kg).....
 - (ii) Cartage: From.....To.....
3. Expenditure on account of transportation of own conveyance: Rs.....
(Type of conveyance: Motor Cycle/Motor Car)
4. Composite Transfer Grant (CTG): Rs.....
(80% of the last month's basic pay+ Non Practicing Allowance, if admissible of previous post held by the employee, is to be claimed along with the Relocation Charges)

(Attach original documents for 1, 2 & 3 above)

Total Claim (1+2+3+4) = Rs.

(In words.....)

RECEIVED PAYMENT

No. of Enclosures

Details of Family Members

Sl. No.	Name	Date of Birth	Age	Relationship
1				
2				
3				
4				
5				
6				
7				
8				

INSTRUCTIONS FOR PREPARING TRAVELLING ALLOWANCE CLAIM

1. Journeys of different kinds and halts should not be entered on the same line.
2. Bill must be properly prepared and submitted within 30 days of completion of journey/shifting of personal effects.
3. Money Receipts/Ticket numbers should be furnished along with the Bill.

CERTIFICATE

CERTIFIED THAT:

- (i) I actually travelled in the class to which I am entitled.
- (ii) I did not perform the journey free of charges or without payment.
- (iii) No Govt. transport was provided for carriage of personal effects & transportation of own conveyance and the amount claimed has been actually paid by me.
- (iv) All family members for whom fares etc. have been claimed are residing with me and are wholly dependent on me and individual income from all sources including pension does not exceed the prescribed limit for the purpose.

(score out which is not applicable)

Date:

Signature:

Forwarded by Head of Department

Passed for

Rs......

(In words

Rs......

Dealing Assistant (Accts)

AR(Audit)

AR (Accounts)

Registrar

Paid in Cash/ Cheque No **Dated**

Asst/Cashier

AR (Accounts)

Registrar

ANNEXURE-II

UNDERTAKING

(WHILE CLAIMING RELOCATION CHARGES)

I, Dr./Ms./Mr. joined the
institute on (date of joining) as (designation)
..... in the Pay Level do hereby
undertake that I will pay back the total amount claimed as Relocation Charges if I leave the institute
before three years from the date of joining.

Signature:

Name

Designation

Date