

T.R. FORM NO. 21

[See sub-rule (2) of T.R. 4.104]

Travelling Allowance Bill For Transfer

Note – This bill should be prepared in duplicate – one for payment and the other as office copy

D.D.O. Code No. _____ Bill No. _____ Date _____
Grant No. _____ Token/T.V. No. _____ Date _____
Head of Account Code No. _____

PART A (To be filled up by Government employee)

1. Name
2. Designation
3. Pay
4. Headquarters
 - (a) Old
 - (b) New
5. Residential address
 - (a) Old
 - (b) New
6. Particulars of the members of the family as on the date of transfer
[vide T.R. ____]

Serial No.	Name	Age	Relationship with the Government employee
1	2	3	4
1.			
2.			
3.			
4.			
5.			

7. Details of journey(s) performed by the Government employee as well as members of his/her family.

Departure		Arrival		Mode of travel and class of accommodation used	Class to which entitled	No. of fares with Ticket No.	Fare paid	Fare of the entitled class	Distance in kms. by road	Remarks (Difference of column 8 and 9 and whether approved by competent authority with order no. and date)
Date and time	From	Date and time	To							
1	2	3	4	5	6	7	8	9	10	11
							Rs. P.	Rs. P.		

8. Transportation charges of personal effects.

(Money receipts to be attached)

Date	Mode	Station		Weight in Kgs.	Rate		Amount		Remarks
		From	To		Rs.	P.	Rs.	P.	
				Total...					

9. Transportation charges of personal conveyance:

(Money receipts to be attached)

- (a) Mode of transport and station to which transported.
- (b) Amount.

10. Amount of advance, if any, drawn.

11. Details of journey(s) performed by road between places connected by rail.

Date	Names of places		Fare paid	
	From	To	Rs.	P.

Certified that the information, as given above, is true to the best of my knowledge and belief.

(_____)
 Signature of the Government employee
 Date _____

For use at the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected Rs. _____ for reasons stated below.

Dated _____ 20__

Auditor

S.O./A.A.O./Audit Officer
