

**Indian Institute of Information Technology
Allahabad
T.A. / D.A. Claim**

Name & Designation: _____ Basic Pay: _____

Address: _____

Purpose of Journey: _____

Prior approval enclosed / not enclosed

<i>Departure</i>			<i>Arrival</i>			Mode of Journey	Amount (Rs.)
Date	Time	Place	Date	Time	Place		

Note: In case of road travel, total distance covered may be mentioned.

It is certified that the above expenditure
have been incurred by me

Received the payment
of Rs.

Signature of Claimant

Signature

For Office Use

Passed for payment of Rs. (in words

<p style="text-align: center;">AO IAO AR (F) DR (A)</p> <p>Paid Vide Cheque No. / Cash:</p> <p>Date:</p> <p style="text-align: center;">DR(E) DR(A)</p>	<p>Sanctioned</p> <p>DIRECTOR</p>
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