



**SHIVNAGAR VIDYA PRASARAK MANDAL'S  
COLLEGE OF PHARMACY, MALEGAON (Bk),  
TRAVELLING EXPENSES BILL**

Name: \_\_\_\_\_ Designation \_\_\_\_\_ Department \_\_\_\_\_

Date	Transport from	Depart Time	Transport To	Arrival Time	Train / BUS / Taxi fare		Postage & Stamp / TC/ Rail Reservation		Conveyance		DA With / Without Supporting		Total	
					Rs.	Ps	Rs.	Ps.	Rs.	Ps.	Rs.	Ps.	Rs.	Ps.

Grand total of Exp (In words) Rs. \_\_\_\_\_ (In figure) Rs. \_\_\_\_\_

Explain here only additional or unusual Expenses

Traveler's Signature-  
Checked by-  
Approved by-  
Secretary / Principal –

Amount Advance	
Less Amount spent as per TA Bill	
Balance payable to Institute / Travelers	
Balance paid / Received by	

<b>Date</b>	<b>Transport From</b>	<b>Transport To</b>	<b>Purpose of Travel &amp; Work Done</b>