

## NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM TA / DA CLAIM FORM FOR OFFICIAL TOUR/DUTY OF EMPLOYEE

4.0											
1. Name	of Emplo	yee	:								
2. Desig	nation &	Deptt.	:								
_	in Pay Ma	=	:								
	se of Jou										
_	No. & Da	-									
J. OI uci	No. & Da	ic.	•								
Departure Arrival			wal	Enom	From To Di			Distance Mode of		Remarks	
Departure				110111		10	Distance	jour	ney	Fare (₹.)	(Ticket No.)
Date	Time	Date	Time								
							(/	) TO	ГЛІ		
(If travelle	ed by Air, B	narding Pa	iss may he	enclosed)			(1)	ij I O	LAL		
	<u>s Details</u> (1										
Date		Breakfast		Lunch		Dinner			Total (₹.)		
							(B) TO	TAL			
	<u>tails</u> (Hotel	receipt is	to be encl	losed):-							
Name of H											
Registrati	on Number			<u> </u>			N 1				
Check		(In		Check Out			Number of Day		ys Amount (₹.)		
							(C) T	OTAL			
Grand To	tal (A+B+	C) : ₹		Advance R	Receiv	ed ₹		_ Net	Payab	le: ₹	
1. Free B	oarding Pi	ovided:	YES / No	O 2. F	ree L	odging P	rovided: Y	ES / N	10		
Date:								Rec	reived	I₹	
								1101		· ··	
		C.1 (1)				_		_			
****	ignature o ******	of the Clai ******	mant ******	*****		#******	lead of Depa ******	rtmer *****	1t / Su *****	ipervisor *******	*****
				FOR OFFICE U							
A/c Head				OR OFFICE O							
,											
			amount c	of₹.:			may be paid				
Verified &	& found co	rrect									
Superintendent				Aggovertant				Donuty Dogistra			
		Accountant				Deputy Registrar					

Registrar Director