G.A.R. 14-B

[See Rule 66 (1) & 90 (1), (i)]

Sub-Bill No.

TRAVELLING ALLOWANCE BILL FOR TRANSFER

(NOTE - This bill should be prepared in duplicate -- one for payment and the other as office copy)

PART - A

(To be filled in by the Government servant)

Nam	e				
Desig	gnation a	nd Office			
Pay a	at the tim	e of transfer	Rs		
Head	lquarters	s: (a)	Old	(b)	New
Resid	lential ac	ldress:			
(a)	Old				
(b)	New				
	Desig Pay a Head Resid (a)	Designation a Pay at the tim Headquarters Residential ac (a) Old	Designation and Office Pay at the time of transfer Headquarters: (a) Residential address: (a) Old	Designation and Office Pay at the time of transfer Rs Headquarters: (a) Old Residential address: (a) Old	Residential address: (a) Old

6. Particulars of the members of the family as on the date of transfer (vide S.R.2(8)]:

SI. No.	Name	Age	Relationship with the Government
			servant
1	2	3	4

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

DE	PARTU	RTURE	I	ARRIVA	L	Mode of	No. of	Fare	Distance
Date	Time	ime From	Date	Time	То	travel and Class of accommod ation used	fares	paid Rs.	in Km. by Road
1		2	3	}	4	5	6	7	8

Date	Mode of	STATIO	ON	Weight	Rate	Amount	Remarks
	transport	From	То	in kgs.	Rs.	Rs.	
1	2	3	4	5	6	7	8
				Total			

8. Transportation charge for personal effects (Money Receipts to be attached):

- 9. Transportation charges for personal conveyance (Money Receipt to be attached):
 - (a) Mode of transport and station to which transported:
 - (b) Amount Rs. _____
- 10. Amount of Advance if any, drawn _____ Rs. _____
- 11. Particulars of journey(s) for which higher class of accommodation than the one to which the Government servant is entitled was used:

Date	Name o	of places	Mode of	Class to	Class by	Fare of the
	From	То	conveyance used	which entitled	which traveled	entitled Class Rs.
1	2	3	4	5	6	7

NOTE: - If the journey by higher class of accommodation has been performed with the approval of the Competent Authority, the number and date of sanction may be quoted.

12. Details of Journey(s) performed by road between places connected by rail:

Date	Name o	f places	Fare paid
	From	То	
1	2	3	4

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

 Date

 Place

Signature of the Government servant

Name _____

PART-B (To be filled in by the Bill Section)

as de	tailed below:	
(<i>a</i>)	Railway/Air/Bus/Steamer fare	Rs.
(b)	Road mileage forkm.	
	@ per/km	
(c)	Composite transfer grant	
(<i>d</i>)	Transportation of personal effects	
(e)	Transportation of private conveyance	
(f)	Gross amount $(a + b + c + d + e)$	
(g)	Less Amount of advance(s), if any, drawn vide	
	Voucher(s) No Date	
(h)	Net Amount (fg)	

Bill Clerk (Initials) Drawing and Disbursing Officer (Signature)

Countersigned

Controlling Officer (Signature)