ID No. PER-TDC-07

# National Highway Authority

**Admn Wing (Personnel)**

## TA / DA Claim

Name:_____ Accounting Code_____

Designation:_____ Section / Place of Posting_____

PBS:_____ Basic Pay Rs:_____

| Departure | | | Arrival | | | Mode of Journey | Daily Allowance | | | Other Expenses | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Station | Date | Hours | Station | Date | Hours | | No. of Days | Rate | Amount | Particulars | Amounts |
| | | | | | | | | | | | |
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| | | | | | | | | Total: | | Total: | |

**(To be filled by Accounts Section concerned)**

Fare Charges:_____
Daily Allowance:_____
Other Allowance:_____
Less: _____
Advance:_____
Ticket Arranged by NHA:_____
Net Payable Rs._____
Passed for RS:_____

Propose of Journey:_____
_____
_____

Signature of Claimant:_____

Counter Signature:_____
**(Officer In-charge)**

**Document / Receipts Attached**
1) _____
2) _____
3) _____
4) _____
5) _____