



OFFICE OF THE HOSPITAL DIRECTOR MEDICAL TEACHING INSTITUTION BKMC / GKMC SWABI



TA/DA CLAIM FORM

Name: Designation:

Purpose: BPS:

Office Order No: Authorized By: HOSPITAL DIRECTOR

Travel Allowance:

Departure Date	Approved Mode of Travel	Journey		KMs	Rate	Amount
		From	To			
(A) Total Rs.						-

Daily Allowance

Days		Purpose	No. of D.A	Rate Per D.A	Amount
From	To				
(B) Total Rs.					-

Grand Total (A+B+C) Rs: -

Less Advance Drawn Rs: -

Balance Refundable Rs: -

Signature of the Officer/Official Traveled

Signature of Approving Authority