

STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION KERALA (SCOLE-Kerala)

Vidhyabhavan, Poojappura, Thiruvananthapuram-695012, Kerala

TA Claim Form

Department of: General Education	Unit Faculty: SCOLE - Kerala	Order Number:
Name of Programme:		Venue:
Name & Designation :		(Basic Pay):

Bank Account Number:	Bank Branch Name :	IFSC :
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1				2	3	4		5	6		7	8
<i>Description of Journey</i>				<i>Distance KM</i>	<i>Mode of Conveyance used</i>	<i>Mileage Allowance</i>		<i>Incidental Expenses</i>	<i>Duration of Stay</i>		<i>D.A for halts</i>	<i>Total</i>
<i>Date & Time of Departure</i>	<i>From</i>	<i>Date & Time of Arrival</i>	<i>To</i>			<i>Air / Rail at Class</i>	<i>For Road Journeys</i>		<i>Days</i>	<i>Hours</i>		
					Total							

Net Claim (in words) :

Amount Admitted
Rs

Amount Passed
Rs

Signature :

Signature of Disbursing Officer

Secretary / ED

Received Payment
Signature with Date: