PUNJAB BOARD OF TECHNICAL EDUCATION, LAHORE

TRAVELLING ALLOWANCE BILL

Name _____ *Designation* _____ *Head Quarter/Duty Original Place* _____ *Purpose of Journey* _____

Basic Pay on Date of Journey _____ *BPS* _____ *Duty as* _____ *Vide office order #* _____

Departure			***Arrival***			***Mode of Journey***					***Daily Allowance***				***Remarks***
Station	*Date*	*Hours*	*Station*	*Date*	*Hours*	*By Train*	*By Bus*	*By Car*	*KM*	*Amount*	*No. of Days*	*Amount*	*Total*	*Grand Total*	
															Received Payment
G R A N D T O T A L															

Signature _____
Identify/Code # _____
Address _____
Account # _____
Bank Name _____
Bank Branch Code # _____
Address _____
Vehicle # _____
Borrowed Car # _____
Personal Car # _____

FOR OFFICE USE ONLY

CERTIFICATE

NTN #. _____
NIC #. _____

Revenue Stamp

I Hereby certify that:-

i.) The class of entitlement actually traveled by me has been charged

ii.) No. Travelling allowance for a part or whole journey in respect of this bill has charge by me from any other source

iii.) The journey was performed ☐ *by Road* ☐ *by Rail* ☐ *by Air*
Mr./Mrs./Miss _____ *on the date of was*
Rs. _____ ***Grade*** _____

Signature Head of Department/Institute

Name. _____

Signature of Officer / Official Who Travelled

Stamp. _____

Verified by Concerned Branch

Verified that the Particulars mentioned in this bill are correct

Verified by _____
Superintendent _____
ACE/AS _____
DCE/DS _____
CE/Secretary _____
Chairman _____

Accounts Section

Does Budget exist: ☐ *Yes* ☐ *No*

Register Page # _____ *Sr. #* _____

Budget Head _____

Checked & Found in order Rs. _____

Assistant ***Superintendent*** ***ASF/AO***

Sanction of Drawing & Disbursing officer/Authority

DS ***Secretary*** ***Chairman***

Audit Section

Checked & Admitted for Rs. _____
_____
_____

Audit Asstt./Supdt. ***Audit Officer***

Cheque Section

Cheque/Invoice # _____
Date _____
Paid Rs. _____
Cheque Writer _____

PUNJAB BOARD OF TECHNICAL EDUCATION, LAHORE

TRAVELLING ALLOWANCE BILL

Voucher #_____

Name _____ Designation: _____ Head Quarter / Original Duty Place _____ Purpose of Journey: _____

Basic Pay on date of Journey_____ BPS: _____ Duty As _____ Vide Office Order No._____

DEPARTURE			ARRIVAL			MODE OF JOURNEY					DAILY ALLOWANCE				REMARKS
Station	Date	Hours	Stations	Date	Hours	By Train	By Bus	By Car/Air	Kilometers	Amount	No. of Days	Amount	Total	Grand Total	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
															Received Payment
															Signature: _____
															Identity / Code No: ___
															Address: _____,
															Lahore_____
															Account NO. _____
															Bank Name: _____
															Bank's Branch Code No._____
															Address: _____
															_____
															Vehicle No. _____
															Borrowed Car No. _____
															Personal Car No. _____

FOR BOARD's OFFICE USE ONLY

CERTIFICATE

NTN NO. _____

NIC. NO.

Revenue Stamp

I hereby certify that:-

(i) The Class of entitlement actually traveled by me has been charged.

(ii) No. Traveling allowance for a part of whole journey in respect of this bill has charged by me from any other source.

(iii) The journey was performed by Road ☐ by Rail ☐ by Air ☐

Mr. _____On the Date of was

Rs. _____ Grade: _____

Certificate of the Controlling Officer: it is certified that the claim submitted by claminat is found correct in all respect, under the rules.

Signature of Officer / Official who traveled

Signature Head of Department

Name: _____

Stamp: _____

Verified by Concerned Branch

Verified that the Particulars mentioned in this bill are correct

Verified by _____

Superintend _____

ACE / A.S _____

DCE / DS _____

Controlling Authority_____

Account Section

Does Budget Exist: ☐ Yes ☐ No

Register Page No. _____ Sr. No. _____

Budget Head _____

Checked & found in order for Rs. _____

Assistant Superintendent ASF / A.C.O

Sanction of Drawing & Disbursing Officer / Authority

COE Secretary Chairman

Audit Section

Checked & Admitted for Rs. _____

_____

_____

Audit Assist / Supdt Audit Officer

Cheque Section

Cheque / Invoice No. _____

Date: _____

Paid Rupees: _____

Cheque Writer: _____