



# KHYBER MEDICAL UNIVERSITY, PESHAWAR

## “TA/DA CLAIM FORM”

To

FTS Reference No. \_\_\_\_\_ Dated \_\_\_\_\_

The Treasurer, KMU

Name..... Designation..... BPS..... Institute.....
Movement Order No..... Dated..... (Attached Yes/No) Employee No. ....
Purpose of this journey was .....

Time	Date	Departure From	Time	Date	Arrival At	<b>TO BE FILLED BY CLAIMANT</b>
						<b><u>CERTIFICAT</u></b>
						<b>Tick (v) mark the relevant</b>
						1. Travel mode (KMU Official Vehicle/Personal Car/Train/Bus/By Air/Taxi)
						2. Original receipt attached. (Yes/No) give detail.....
						3. Accommodation a. Hotel (original Bill duly signed attached) Yes/No
						b. Own Arrangement (Bill attached) Yes/No
						c. Any other give detail.....
						4. Was free transport, accommodation, messing provided? Yes/No
						give detail .....
						Certified that above detail s are correct and I have taken advance permission for this travel.
						Date..... Applicant Signature

Certified that above duty was in best interest of KMU and actually performed.

COUNTERSIGN BY: \_\_\_\_\_  
REGISTRAR, KMU

(Head of Department)  
Stamp & Date

## KHYBER MEDICAL UNIVERSITY, PESHAWAR

### “TA/DA CLAIM FORM”

<b>To be filled by Accounts / Treasury only</b>			
Description	Rate of DA/TA of station		Amount
Accommodation/DA entitlement	No.	@	
Nights stay total			
Travelling Allowance			
Reimbursement of (Toll Tax etc)			
<b>Total Payable</b>			

Prepared By	Checked By	Verified By	Approved By	Cheque No	Paid by
Rs. ....	Rs. ....	Rs. ....	Rs. ....	Rs. .....	Rs. ....
<b>Section Incharge Billing</b>	<b>Assistant Treasurer</b>	<b>Deputy Treasurer</b>	<b>Treasurer</b>		
Dated:.....	Dated:.....	Dated:.....	Dated:.....	Dated:.....	Despatched Dated:.....

<b>Pre-audited by and Passed</b>
Rs. ....
<b>Internal Audit</b>
.Dated:.....