



# 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

**COUNTERSIGN**

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

(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)			
Total Payable			

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:.....