CENTRAL INSTITUTE FOR RESEARCH ON BUFFALOES

SIRSA ROAD, HISAR (HARYANA)

(TO BE FILLED IN PRIOR TO COMMENCEMENT OF JOURNEY)

Tour Programme of Shri………………………………………..Designation…………………………………………………

 DEPARTURE ARRIVAL Distance Mode of conveyance Purpose

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (KM)

Place Date Time Place Date Time

Remarks of the Head of section Approved/Not Approved Signature of the Officer/Official

Approval of the Director Director Date……………………………………..

**(TO BE FILLED IN AFTER COMPLETION OF JOURNEY)**

 DEPARTURE ARRIVAL Class in which Fare Advance Remarks

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travelled taken

Place Date Time Place Date Time

The T.A. Bill of the officer/official Approved/Not Approved Signature of the Officer/Official

Concerned has been paid and submitted

To the Director for expenditure sanction of rupees

 DIRECTOR Date & Designation

Bill Clerk Superintendent Drawing & Disbursing Officer Sanctioning Authority