

TRAVELING ALLOWANCE
BOARD OF INTERMEDIATE AND SECONDARY EDUCATION MALAKAND
 Rates of TA/DA and remuneration are given on the back of this TA/DA bill

Name _____ Designation _____ BPS _____ Ph/Cell No. _____

Address: _____

Account No. _____ Bank Name with Branch _____ Branch Code _____

Purpose of Journey _____

DATE OF JOURNEY						Nature Of Journey Bus/Car Etc.	MILEAGE BY ROAD			DAILY ALLOWANCE			TOTAL	REMARKS
DEPARTURE			ARRIVAL				Distance in K.M.	Rate per day	Amount	No. of Days	D.A. per day	Amount Rs	Amount Rs. (10+13) Columns	
Station	Date	Hour	Station	Date	Hour									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	1. I hereby certify that I have actually traveled by _____ for which I have claimed TA. 2. I further declare that the particulars mentioned in this TA/DA bill are correct in all respect. <p style="text-align: right;"><u>Signature of Claimant</u> Certified that Mr./Miss: _____ of _____ have actually performed the duty (s) mentioned in this TA/DA bill.</p> <p style="text-align: right;">Signature of Chairman/ Secretary/ Controller</p> <p style="text-align: right;">Signature of Claimant Received payment</p>
Remuneration of Practical Examiner as per numbers of present candidates. Rate of remuneration X No. of candidates)														
GRAND TOTAL:														

Note: Gazetted staff who claim TA by own car must submit attested copies of car registration and pay slip

FOR OFFICE USE ONLY

NON GAZETTED STAFF MUST SUBMIT ORIGINAL PAY SLIP AND THE FOLLOWING CERTIFICATE

Cheque No. _____

Dated: _____

Amount: _____

Certified that Mr. _____

is drawing basic pay Rs. _____ (excluding allowances) BPS _____

Signature of Cashier BISE Malakand

Signature and seal of the Head of Department/ Institution