



**PART II DAILY ALLOWANCE**

HALT	Period				Period		Claim			
	From		To		No. of full Days	No. of remaining hrs	At full rate		At half rate	Total
	Time	Date	Time	Date			Rs.	Ps.	Rs.	
Place										

**CERTIFICATE**

**PART - III**

Total Claim :  
 Part - I T. A. Rs.....  
 Part - II D. A. Rs.....

TOTAL.....  
 Less  
 Advance if any paid.....  
**NET CLAIM**.....

Place :  
 Date :  
 Signature  
 Name:

**FOR OFFICE USE**

Verified and Passed for payment of Rs..... (Rupees.....)

Accountant                      Financial Co-ordinator                      Accts. Officer                      Principal

Received Rs.....

Name & Signature