

**SAM HIGGINBOTTOM UNIVERSITY OF AGRICULTURE, TECHNOLOGY AND SCIENCES
PRAYAGRAJ (ALLAHABAD) – 211007, U. P.**

TRAVELLING ALLOWANCE BILL

Name (In Capital) _____ Year of Exam. _____

Designation _____ Basic Pay _____

Address _____

Purpose of Journey _____

Particulars of Journey			Actual Railway / Taxi Fare		Road Mileage	Total Amount
Date & Day	From (mention with time)	To (mention with time)	Class	Fare (Rs.)	No. of Kms.	(Rs.)
(For return Journry)						
Other Expenses (if applicable):		1. D A for days @ Rs. Per day 2. Lodging charges (attach original bills) 3. Toll tax (attach original/ photocopy of bills)				
Total (in words)				(In figures)		

(For payment purpose only)

Name of the Bank		SB a/c No.	
Branch	Branch code	IFSC code	

Certified that

1. I have travelled in the class for which I have claimed the fare.
2. The concession rates were not obtained for any of the journeys covered by this bill.
3. I have not claimed any T. A. for any part of this journey from any other source.
4. I have already booked my return journey as above.

Date:

Signature

Received Rs. (in words)

Rs. (in figures) _____

Signature on Revenue Stamp
(If amt. is Rs. 5000/- or more)

Certified that Prof. /Dr./Mr./Mrs. attended/conducted

Final Defense/Practical Examination/Meeting of on 20.....

Countersigned by

**Controller of Examinations,
SHUATS**

**Chairman, Board of Studies/
Head of Department/ concerned Dean**

Registrar, SHUATS

Finance Comptroller, SHUATS

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REMUNERATION BILL
(This Form Should be used for Examination only)

Bill for setting of Question papers and evaluating Answer books of SHUATS Examination for the Year _____

Name of the Examiner _____ Basic pay Rs. _____

Address (in block letters) _____

Examiner in Course (title) _____

Course Code _____ Sem. _____ Programme _____

Remuneration for setting of Question Papers		Remuneration for evaluating Answer sheets / conducting Viva voce or Practical Examination			Total
No. of Question Paper(s)	Amount (Rs.)	No. of Answer sheets evaluated	No. of students examined in Viva voce/ Pract. Exam.	Amount (Rs.)	
Other Expenses (if applicable):		1. Postage (attach original bills) 2. _____			
Total (in words)				(In figures)	

(For payment purpose only)

Name of the Bank		SB a/c No.	
Branch	Branch code	IFSC No.	

Certified that

- I have submitted all the marks award lists in the office of HoD/Dean, _____
- I have also submitted all answer sheets provided to me for evaluation in the office of HoD/Dean.
- I have sent all the marks award lists to the Controller of Examinations on _____ and evaluated answer books were dispatched by post R. R. No. _____ Dated _____

Date: Signature

Received Rs. (in words)

Rs. (in figures) _____

Signature on Revenue Stamp
(If amt. is Rs. 5000/- or more)

Certified that Prof. /Dr./Mr./Mrs. evaluated Answer sheets of course
..... on 20.....

Countersigned by

**Controller of Examinations,
SHUATS**

**Chairman, Board of Studies/
Head of Department/ concerned Dean**

Registrar, SHUATS

Finance Comptroller, SHUATS