**Enclosure to the GM, INCS letter No.HO/101/TA/DA dt. 22 Aug 2012**

**CONTINGENT BILL**

**TEMPORARY DUTY CLAIM – INCS EMPLOYEES**

**Name: ---------------------------------------------- Designation. ---------------------------- INCS: ---------------------------**

**Basic Pay = Rs. ------------------------------------**

**AUTHORITY :**

**Specific Nature of Ty Duty: -------------------------------------------------------------------------------------------------------**

**Date Journey Commence Date Journey Concluded Mode of Conveyance**

**Time Station Time Station**

**Total Absence --------- days (Less ------------- days C/L of ----------------). DA admissible for ----------------days.**

**1. Hotel rate of DA : for stay at ----------- ----------- for --------------- days. Rs. -------------------**

**@ Rs. ------ -------- per day ---------- days.**

**2. (a) DA for halt at --------------------@ Rs. --------- --- P.D. for --------------- days Rs.-------------------**

**(b) DA for halt at --------------------@Rs.--------------- P.D. for --------------- days Rs.-------------------**

**(c) DA for halt at --------------------@Rs.--------------- P.D. for --------------- days Rs.-------------------**

**3. Journey DA @Rs. -----------------per day for ------------------- days Rs.-------------------**

**4. Road Mileage at ----------------------- from --------------------------------**

**to -------------------------and back @ Rs. ---------- per KM for -----------------KM Rs.-------------------**

**5. Road Mileage at ----------------------- from --------------------------------**

**to -------------------------and back @ Rs. ---------- per KM for -----------------KM Rs.-------------------**

**Total Rs.-------------------**

**Less advance received from the Area Manager INCS ---------------------------**

**Vide item No. -------------------------- dated ---------------------------- Rs--------------------**

**Net amount due to Self/INCS Rs.-------------------**

**Rounded Off to Rs. ------------------**

**(Rupees -------------------------------------------------------------------------------------)**

**RECEIVED PAYMENT**

**Signature:**

**Name :**

**Design:**

**-2-**

**Certified That:-**

(a) I have performed the Road journey by engaging full taxi.

(b) No INCS transport was used for the journey for which road mileage has been claimed.

(c) The journey was performed by road from ---------------------- to ---------------------------- and back.

(d) The journey was performed by Rail /Air in ----------- class vide ticket No. -------------------------- during onward journey and in --------------- class during return journey vide ticket No. ------------------- and original tickets are enclosed.

(e) I stayed in (Name of the Hotel ) ----------------------------------------- at -----------------------------, which provide lodging and schedule tariff rate. (Hotel receipt and bill duly signed on revenue stamp are enclosed). The charges levied are fair and reasonable. The charges include only rent element and miscellaneous charges such as food, telephone, taxi fare etc. are not included in it.

(f) I did not proceed on C/L during temporary duty. ‘OR’

(g) I have proceeded on C/L from ---------------------------- to ------------------------- and DA has not been claimed for the period.

(h) I was /was not provided with free food and no cash in lieu of ration or ration in kind was drawn by me at out station.

(j) I was not provided with free lodging facilities at ty duty station.

(k) The amount claimed is not more than the amount actually incurred by me.

(l) The amount in question has not been claimed /received by me.

Signature--------------------------------

Name.-----------------------------------

Design----------------------------------

**COUNTERSIGNED**

**File No.----------------------**

**INCS----------------------------**

**Regional Manager**

**Dated -------------------------**

**Encls:**

1. **Authority letter**
2. **Tickets**
3. **Hotel Bill**
4. **Payment Voucher**

**Forwarded to:-**

The General Manager

Head Office, INCS

Navy Nagar, Colaba

Mumbai-400 005

**Enclosure to the GM, INCS letter No.HO/101/TA/DA dt. 22 Aug 2012**

**(FOR OFFICE USE)**

1. Amount of claimed for the journey performed : Rs.

2. Amount of Actual entitlement : Rs.

3. Amount of Advance drawn : Rs.

4. Net amount payable /refundable : Rs.

Verified and forwarded to the General Manager, INCS, duly recommended.

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Sr Manager(Accounts) Regional Manager

(FOR HEAD OFFICE USE)

Checked by:

**Passed for payment/Refund:Rs.**

**-------------------------------**

**Manager(Accounts)**

**APPROVED**

**-------------------------------**

**General Manager, INCS**

**Date:**

Enclosure to the GM, INCS letter No. HO/101/TA/DA dt.24 Jul 2012

**CONTINGENT BILL**

**(To be used for moves on permanent duty/retirement and moves on transfer)**

1. Designation & Name : ---------------------------------------------

2. Appointment : ---------------------------------------------

3. Rate of pay in receipt of : ----------------------------------------

Basic Pay (Latest copy of Pay slip attached)

4. Proceed from ------------------------ on --------------------------- at -----------------------Hours.

5. Arrival at ----------------------- on ------------------- at ------------------------Hours.

6. Date of commencement journey of family from ----------------------------- to ------------------------on --------------at --------------------by-------------------and arrived at ------------------------ on ------------------- at ----------------- by ----------------------------------------------

7. Nature of specific duty on which preceded Pmt. Duty/Retirement (Authority) in regulation under which conveyance is admissible Rule :- -------------------------------------------

8. Mode of conveyance :- -------------------------------------------

9. Registration Number of :- -------------------------------------------

Motor vehicle transported :- ------------------------------------------

10 Authority for the move :- (a) -------------------------------------------

(b) -------------------------------------------

----------------------------------------------------------

(Copy enclosed).

11. **Family particulars**

**SI No. Name Relationship Age**

**(a)**

**(b)**

**(c)**

**(d)**

**Certified that:-**

**(a) The journey have been actually performed by the mode and a class indicated against the relevant columns and distance stated in the claims are correct.**

**(b) My legitimate Children/Step/Children/Parents/Sister/Minor brother for whom fare etc. have been claimed resides with me and is/are wholly dependent on me and their income from all sources does not exceed Rs.3500.00 per month.**

**(c) No. Govt./INCS transport was provided for the journey for which cartage charges have been claimed and that warrants/concession voucher have not been used by me/ my family now which the claimed and the warrant/concession voucher have not been used by me/my family now which the claim has been preferred.**

**(d) The amount in question has not so far been claimed /received by me.**

1. **The vehicle transported at Govt./INCS expenses will not be sold within 12 month at new duty station if sold full amount claimed will be refunded.**

**In Applicable to be deleted**

**Signature**

**Name**

**Design:**

**Station: Mumbai**

**Enclosure to the GM, INCS letter No.HO/101/TA/DA dt. 24 Jul 2012**

**DETAILS OF PERMANENT DUTY/ RETIREMENT CLAIM – INCS EMPLOYEES**

1. Self journey performed by air from ---------------------------- to ------------ Rs. --------------------------

2. Family journey performed by ---------------------------------------------------

From --------------------------- to --------------------------------------------------- Rs.---------------------------

3. Composite transfer grant (One month BP 100%) Rs.---------------------------

4. Baggage by road/rail -------------Qtls conveyed from

------------- to -----------(Receipt attached) Rs.--------------------------

5. Motor Car/ Scooter /Motor Cycle by Rail /Road

(Receipt attached)

6. Total expenses incurred (Rupees) Rs.----------------------------

Less advance received from Area Manager INCS

Vide item No. Dated Rs.--------------------------

Balance due to Self/refund Rs. ---------------------------

(Rupees: ----------------------------------------------------------------------------- only)

Certified that the amount in question has not so far been claimed/received by me.

Signature ----------------------------------

Name :-------------------------------------

Design ------------------------------------

**COUNTERSIGNED**

INCS

Regional Manager

Date:------------------------

File:-------------------------

Date:-------------------------

Forwarded to : The General Manager, INCS, Mumbai

Encl:- (a) Ticket ------------------------------- (b) copy of Adv.Payment Voucher ----------------------.

(c) Salary Slip ------------------------- (d) A copy of Appointment letter -----------------------

(e) Consignment note ------------------ (f) Money Receipt -------------------------------------------