

INDIAN MARITIME UNIVERSITY - HEAD QUARTERS
EAST COAST ROAD – UTHANDI - CHENNAI

FINAL TOUR CLAIM FORM

1. Name of the employee : _____
2. E Code : _____
3. Designation : _____
4. Basic Pay : Band Pay : Rs. _____
 Grade Pay : Rs. _____
 Basic Pay : Rs. _____
 Consolidated Lumpsum : Rs. _____
5. Period of tour : From _____ to _____
6. Date of drawl of advance : _____
7. Amount of Advance drawn : Rs. _____
8. Purpose of Tour : _____
9. Journey particulars :

Date & Time	From	To	No of KMs	Mode of Travel	Amount Paid Rs.	Class of Travel	Ticket Number/ Bill/ Receipt No
TOTAL							

10. Daily Allowance – Reimbursement of Hotel/Guest House accommodation charges :

Dates of Stay		No of Days	Name of the Hotel/Guest House	Amount Paid Rs.
From	To			
TOTAL				

11. Daily Allowance (Food Bills) : From : _____
To : _____

Date	Particulars	Bill / Receipt No. & Date	Amount Paid Rs.

12. Others : Rs. _____
 13. **Total of Col.9 to 12** : Rs. _____
 14. Less: Advance drawn : Rs. _____
 15. Balance payable by University : Rs. _____
 16. Refundable to University : Rs. _____
 17. Balance refunded : Rs. _____

Certificates:

1. Certified that the claim for journeys mentioned in this bill has not been preferred or nor paid from any other source.
2. Certified that the amount claimed in this bill if found excess later on, the excess amount so claimed any, may be recovered from my salary
3. Certified that I have not claimed DA / Hotel / Conveyance for the days I availed leave during tour.
4. Certified that distance for road journeys shown in the claim are correct to the best of my knowledge and belief.
5. Certified that I have travelled in a class of accommodation not lower than that for which fares were claimed in this bill and to which I am entitled.
6. Certified that I was / was not treated as a guest of a Government or an Institution and was / was not allowed free boarding and/or lodging at the expense of that Government or the Institution visited.

Employee Signature: _____

Date : _____

Counter signature of
Recommending Officer

[For use by Finance & Accounts]

Passed for Rs. _____
Less: Advance paid (PV No. _____ Dated _____) Rs. _____
 Balance payable by University Rs. _____
 Balance refundable to University Rs. _____
 Balance refunded Rs. _____

Asst. (F) AR (F) DR (F) FO Registrar