

**GOVERNMENT OF NCT OF DELHI
DEPARTMENT OF TRAINING & TECHNICAL EDUCATION
MUNI MAYA RAM MARG, PITAM PURA, DELHI-110088**

CONVEYANCE BILL FOR USE IN ITIs/BTC

Voucher No. _____

(Kindly fill all particulars, if any particular is not applicable please mark-NA. Each visit should be shown separately specifying clearly the date of visit and purpose.)

1. Name of the Claimant :

2. Designation :

Basic Pay/Level :

3. Official Address :

Telephone/Mobile No .

Residential Address

4. Whether- Govt. Employee/Contractual/Private :

Purpose of Visit :

Bank Name:

A/c No. :

IFSC Code:

MICR Code:

5. Details of Claim :

S.No.	Date	Place of Journey From/to	Mode of Conveyance	Distance covered on each side	Total Distance Covered	Rate	Total Amount
1							
2							
3							
4							
5							
6							
Grand Total =>							

Total in words (Rs.):

Certified that:

1. I have not claimed any amount of the journey from my office/Department/other source.
2. The amount claimed in this bill has actually been incurred by me.
3. The distance shown above is correct to the best of my knowledge.
4. No Govt. conveyance was used for journey in question.
5. It is certified that the information given is correct best of my knowledge & I shall be responsible if any information notices at later stage.

Date : _____

(Signature of the Claimant)

The dates of journey as above for the above said purpose in the claim are verified.

(Sign with stamp of the Verifying Officer)

(FOR OFFICE USE ONLY)

1. Claim admitted for Rs. :

In Words:

Entered in the register for the year:

serial No. :

Signature of Dealing Assistant:

2. Bill passed for payment of Rs. :

In Words :

D.D.O.

INSTRUCTION: Bill should be submitted within a period of one month after completion of the job.

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REMUNERATION BILL FOR USE IN ITIs/BTC

Voucher No. _____

PAN CARD NO. _____

(Kindly fill all particulars, If any particular is not applicable please mark-NA.)

1. Name of the Claimant :

2. Designation : Basic Pay/Level :

3. Official Address :

Telephone/Mobile No .

Residential Address

4. Whether- Govt. Employee/Contractual/Private :

Purpose of Visit :

Bank Name :

A/c No. :

IFSC Code :

MICR Code :

5. Details of Claim

S. No.	Particulars of Work done	Trade/Subject	Number	Rate	Amount (In Rs.)
1.	Written Paper			Rs. 8/Answer sheet	
2.	Practical Exam			Rs. 20/Trainee	
TOTAL =>					

Certified that:

- I have obtained the necessary permission from the Competent Authority of my Department for undertaking the Examination work and also accept the remuneration as required under F.R. 45 and SR-11.
- I shall intimate this amount to my employer for Income Tax purpose for Financial Year
- I have completed the work entrusted to me and the amount of this bill has not been claimed previously in any shape.
- The total amount of remuneration received during the current financial year does not exceed the prescribed limit.
- It is certified that the information given above is correct best of my knowledge & I shall be responsible if any information notices at later stage.

Date : _____

(Signature of the Claimant)

The work assigned as detailed above has been completed successfully by the claimant & rules of DTTE & orders issued by DTTE time to time has been observed.

(Sign with stamp of the Verifying Officer)

(FOR OFFICE USE ONLY)

Bill passed for payment of Rs.
Entered in the register for the year:

In words
serial No. :

Signature of Dealing Assistant:

Signature of AAO/DDO
DTTE (HQ), Pitampura