



No.F.TU/FIN/39 /2024

Dated:10/09/2026

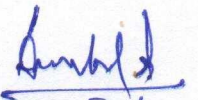
CIRCULAR

This is hereby notified for information to all Teachers, Officers and Staff of the Tripura University that, henceforth, the new **"TA Claim format"** shall be used for re-imbursement/advance-adjustment after attending Seminar/Conference/Others and disbursement of TA and Seating allowance to external experts. The recommendation/certification of concern Departments HoD/In-charge shall be obtained in the format.

The copy of the office order for deputation/engagement shall be attached with the claim bill.

This is issued with the approval of the competent authorities of the University.

Enclo: TA Claim Format


(Debasish Pal)
Finance Officer

Copy to:

1. The Registrar, Tripura University.
2. The Dean, Faculty of..... Tripura University.
3. The Head/Head(i/c)/Coordinators, Department/CentreTripura University.
4. All Faculty Members, Tripura University.
5. PS to the Hon'ble Vice Chancellor, Tripura University for kind information of the Hon'ble Vice Chancellor.
6. The SAMARTH office for website upload, Tripura University.

Travelling Allowance Claim Bill (Official/Academic/Home)

As per Circular No-F.TU/FIN/39 /2024
Dated : 10/09/2026

Basic pay..... Pay Level..... Purpose of Visit..... Office Order & Date.....

PARTICULARS OF JOURNEY				RLY/AIR/TAXI FARE			ROAD MILEAGE			DAILY ALLOWANCES/SEATING ALLOWANCES		
Departure		Arrival		No. of K.M.	Mode of Journey	Amount	No. of K.M.	Mode of Journey	Amount	Rate	Amount	TOTAL
Station from	Date & Time	Station To	Date & Time			Rs.			Rs.			
1	2	3	4	5	6	7	8	9	10	11	12	13
Bank Name:..... Branch:..... Account Number..... IFSC Code:.....												

Total claim amount in Rupees (In Words)

Name.....

DECLARATION:
I hereby declare that I am not claiming any financial support from that Institute or the organization except Tripura University in the approved and sanctioned programme/event.

I further undertake that no reimbursement of TA/DA, Registration etc. will be sought from any Institute/ Agency for this purpose.

Signature.....

Name.....