त्रिपुरा विश्वविद्यालय
TRIPURA UNIVERSITY
(केन्द्रीय विश्वविद्यालय / A Central University)
सूर्यमणिनगर, अगरतला / Suryamaninagar, Agartala
त्रिपुरा, भारत / Tripura, INDIA
पिन / PIN - 799022

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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.

(Debasish Pal)
Finance Officer

Enclo: TA Claim Format

Copy to:

1. The Registrar, Tripura University.
2. The Dean, Faculty of..... Tripura University.
3. The Head/Head(i/c)/Coordinators, Department/Centre .....Tripura 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.

TRIPURA UNIVERSITY
(A Central University)
Suryamaninagar-799022

Travelling Allowance Claim Bill (Official/Academic/Home)

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

Name.....**Designation**.....**Organization** .....

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 Rs.	No. of K.M.	Mode of Journey	Amount Rs.	Rate	Amount	TOTAL
Station from	Date & Time	Station To	Date & Time									
1	2	3	4	5	6	7	8	9	10	11	12	13
				GRAND TOTAL								

Bank Name:.....
Branch:.....
Account Number.....
IFSC Code:.....

Total claim amount in Rupees .....(In Words)

Recommended by HoD/In-Charge.

Signature.....

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.....

Signature of Claiment.....

Name.....