

NATIONAL UNIVERSITY OF MEDICAL SCIENCES
RAWALPINDI
TA/DA CLAIM PROFORMA

Name: _____
Designation: _____
Salary: _____

Date: _____

Purpose of Journey	Particular of Journey	Mode of Travel	Date of Departure	Date of Arrival	Fare/ Taxi etc (In case of personal car PKR 10 / Km)	Toll Tax	Accommodation @ 2DAs/night	Daily Allowance @ 1 DA/day	Total Amount (PKR)

(Rupees _____ Only)

G. Total:

PKR /-

- (i) Certified that the officer has actually visited _____ on official duty.
- (ii) Certified that the officer on a/m duty travelled by road on personal vehicle / Cab / Bus for this travel.

Dated: _____

(Signature of the Officer Concerned)

Countersigned by HoD

Dated: _____