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Date of Journey			Route		Class Travelled	Actual Fa	ir	Mileage by Road			DA/Halting Charges			Total 7	to 9	Purpose of Journey	Remarks	
Date of	Hour of			_	_		Amount		Amount			No. of	Rs.	p	Rs.	Ps.		
Departure	Departure	Arrival	Arrival	From	To		Rs.	P	No. of	Rs.	P	Days		S				
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																	Passed for Payment	
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Dated:										
Total (In words) Rs										
I hereby certify that the expenditure shown by in this bill was actually incurred by me in performing my journey to Hyderaba										
and back during my stay there in connection with the work of the University.										
Countersigned Air travel permitted.										
	Signature									
Vice - Chancellor /Registrar/Dean of School	ol	Full Address and Designation								

RECEIVED PAYMENT

Rs. 1/- Stamp to be Affixed here if the Amount exceed: Rs.500/-