

APPLICATION FOR CLAIMING TRANSPORT ALLOWANCE

for the month of

- (i) Name :

- (ii) Designation :

- (iii) Pay :

- (iv) Party :

- (v) Purpose of duty at the Headquarters:

- (vi) Authority :

- (vii) Period of duty at the Headquarters :

- (viii) Would like to claim TA in lieu of DA (Y/N):
*[only for those whose place of duty is within
8 kms from Headquarters]*

**Signature of applicant
Officer**

Signature of Supervising