



# OIL AND NATURAL GAS CORPORATION LTD

## TOUR DIARY CUM TA ADJUSTMENT (TOUR, TRAINING, MEDICAL TRAVEL) / TRANSFER TA (ADVANCE/ ADJUSTMENT)

CPF No:  Name:

Designation:  Section/Site: \_\_\_\_\_

Org. Unit: \_\_\_\_\_ Location: \_\_\_\_\_

Basic Pay: (Rs.)  PP: (Rs.)  Sp.Pay: (Rs.)  DA: (Rs.)

Purpose of Journey: \_\_\_\_\_

### 1. Journey / Fare Details:

FROM			TO			Travel mode/ Class/ No. of tickets	Fare (Rs.)	No. of DA	Ticket/ PNR No. / Arranged by
Station	Date	Time	Station	Date	Time				
Total Rs.							<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		

Details of Persons for whom claim is being made (in case of Transfer TA):

Name	Age/ Date of Birth	Relationship	Residing at

**2. Other Claims:**

Head / Type	Rate	Days	Amount (Rs)
DA * Journey			
* Hotel (with meal/without meal)			
* Guest House/ Own Arrangements			
Stay: Hotel/Guest House/Own Arrangements			
Local Conveyance			
Others (specify)			
Less, DA surrendered @0.25 DA/meal taken			(-)
<b>Total Rs.</b>			<input type="text"/> . <input type="text"/>

<b>3. Total TA Claim (1 + 2)</b>	Rs.	<input type="text"/> . <input type="text"/>
<b>4. TTA (advance/adjustment) (Attach transfer /relieve order/original receipts):</b>		
4.1 Fare (as indicated at 1 above):	Rs.	<input type="text"/> . <input type="text"/>
4.2 DA and Lodging charges (as indicated at 2 above):	Rs.	<input type="text"/> . <input type="text"/>
4.3 Transfer Grant:	Rs.	<input type="text"/> . <input type="text"/>
4.4 Dislocation Allowance (if applicable):	Rs.	<input type="text"/> . <input type="text"/>
4.5 Luggage Charges (Truck / Wagon):	Rs.	<input type="text"/> . <input type="text"/>
4.6 Loading / Unloading charges:	Rs.	<input type="text"/> . <input type="text"/>
4.7 Packing charges:	Rs.	<input type="text"/> . <input type="text"/>
4.8 Insurance charges:	Rs.	<input type="text"/> . <input type="text"/>
4.9 Octroi charges:	Rs.	<input type="text"/> . <input type="text"/>
4.10 Others (specify):	Rs.	<input type="text"/> . <input type="text"/>
<b>Total TTA Claims:</b>	Rs.	<input type="text"/> . <input type="text"/>
<b>5. Deductions:</b>		
5.1 Advance drawn:	Rs.	<input type="text"/> . <input type="text"/>
5.2 Others (specify):	Rs.	<input type="text"/> . <input type="text"/>
5.3 Ticket Amount (if arranged by ONGC)	Rs.	<input type="text"/> . <input type="text"/>
<b>Total Deductions:</b>	Rs.	<input type="text"/> . <input type="text"/>
<b>6. Net Claim / Refund:</b>	Rs.	<input type="text"/> . <input type="text"/>
(Rupees _____)		Only)

**Certified that :** (1)The claim is for actual expenditure incurred. (2) No claim has been made for conveyance/ meals/ lodging arranged by ONGC or any other office. (3) No official accommodation/ HRA is being claimed by me for the station for which full DA is claimed. (4) I was actually in camp on Sunday & Holiday and did not avail leave on the days for which DA is claimed.

Date: \_\_\_\_\_

The bill is passed for payment / recovery of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) subject to pre-audit. Signature of the Employee \_\_\_\_\_

Date: \_\_\_\_\_

(FOR USE OF FINANCE & ACCOUNT SECTION)  
Passed for payment / refund of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) towards TA/ TTA Claims. Signature & Stamp of Controlling Officer \_\_\_\_\_

Date: \_\_\_\_\_

Signature & stamp of Finance & Account Officer \_\_\_\_\_