

CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI  
(CONVEYANCE ALLOWANCE BILL)

NAME : ..... DESIGNATION .....

INSTITUTE:.....

PURPOSE OF VISIT.....

NAME OF THE EXAM : .....

| Date | No of Days Visited | Rate per Day | Total Amount (Rs) | Remarks |
|------|--------------------|--------------|-------------------|---------|
|      |                    |              |                   |         |
|      |                    |              |                   |         |

(Rs. ....) )

**CERTIFICATE :**

I hereby certify that this bill is being claimed by me for the first time and I will be responsible for any discrepancies if noticed at a later date.

**ACKNOWLEDGEMENT**

Received Rs ----- (Rs. ....) )

From CSVTU, Bhilai vide Cheque No ----- dated .....

**VERIFICATION**

with date

The above dates verified with the records maintained & found correct.

Signature of Claiment

Signature of AR/DR/Centre Supdt. (Exam)

**ACCOUNTS SECTION**

Passed for payment of Rs ----- (In words Rs -----) and paid vide Cheque No----- dt.-----

AO/CFO