

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.)

Form CSVTU, Bhilai vide Cheque No -----dated

VERIFICATION

with date

Signature of Claimant

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

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