# TRAVELLING ALLOWANCE BILL UNDER NCPUL PROJECT

(To be filled in by the Regional Coordinators)

1. Name…….. 2. Designation Regional Coordinator
3. State……..……..……. 4. Centre Visited (Centre Code)……
5. Details and purposes of journey(s) performed : -

| Departure | | | Arrival | | | Mode of travel & class of accommodations | Fair Paid | | Distance in kms. For Road mileage | Duration of halt | Purpose of journey |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Time | From | Date | Time | To | | Rs. | P. | | | |
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| **Total: -** | | | | | | | | | | | |

**Note : - Regional Coordinator have to fill different form for every Centre Visited.**

Signature of the Regional Coordinator