

**COUNCIL FOR ADVANCEMENT OF PEOPLE'S ACTION
AND RURAL TECHNOLOGY**

T/DA CLAIM

1. Name & Address of Facilitator
Cum Evaluator
2. Name & Address of the voluntary
Organization of the project evaluated with project cost
3. Reference No. and date under
which the work was assigned
4. Date of receipt of assignment order
5. Name of the Bank Account Number
Facilitator Cum Evaluator
6. Details of Journey (Please clearly mentioned time & date for arrival at site and departure from site)

Departure			Arrival			Mode of travel and class of accommodation	Fare paid Rs.	Distance in Km.	Duration of stay at site	Ticket Nos.
Date	Time	From	Date	Time	From					

Signature with date _____

Name _____

Note: Travelling fare restricted to AC-two tier which shall be given either on production of tickets or limited to that amount if not connected by train.

FOR USE BY PROJECT SECTION

Forwarded to Account Section for arranging payment. It is certified that the report has been received Assistance of CAPART in respect of the project is Rs. _____

Date of assignment _____

Date of report received _____

No. of days delay in submission of report by FCE _____

Director /DD/AD

FOR USE IN ACCOUNT SECTION

Fare _____ Rs. _____

D.A _____ Rs. _____

Incidental Expenses _____ Rs. _____

Less 10% for delay in submission of report Rs. _____

Net amount Rs. _____

Total _____

Passed for payment of Rs. _____ (Rupees _____

_____ to _____

A.O./D.D.O

Paid vide cheque No. _____ dated _____

Rs. _____ (Rupees _____

_____)

A.O./D.D.O