

TA Claim Form (Updated on 30.11.2021)

(In the case of Online Filing, Press Ctrl + S to save the form & no need for the signature.)

1. Employees are supposed to fill this form and submit to accounts department.
2. Accounts department first will check if the amount is as per policy limits & authority and then forward to HOD/ Management (as applicable) for further approval.
3. HOD's/ Management will give final approval and send it back to accounts.
4. In case of HODs, joint approval required of Accounts Head & HR Head.
5. After final approval only, accounts will release the amount.
6. Sales staff who qualify to get DA, must fill up "Sales Team TA/DA Details From".

Section 1A:

Name:	Employee Code:
Designation:	Dept:
Place of Visit:	From: To:
Visit Ordered/ Approved By:	Grade:

PARTICULARS (SUMMARY)

Travelling:

Mode	Rate	Total KM	Total/ Ticket Cost	Limit For You	Claim Amount	Bills Attached [Yes/No]
Flight						
Train						
Taxi						
Bus						
Own Car						
Own Bike						
Others (i.e. Auto, Local Bus, City Bus etc.)						

Boarding & Fooding:

Hotel Name	Rate	Duration	Total	Limit Amt.	Claim Amt.	Bills Attached [Yes/No]
Food	Rate	Duration	Total	Limit Amt.	Claim Amt.	Bills Attached [Yes/No]



Section 1B - Originator:

Total Claim Amount (travailing/boarding/fooding/any miscellaneous)	0.0
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- If you are part of sales team, please attach "Sales Team TA/DA Details Form".
- After filling, please send this form to Section 2A.

Signature: Date:
Remark (if any):

Section 2A - Accounts Department:

- I have checked all claim amounts are within the policy and genuine.
- If discrepancies, send it back to the originator for correction.

Name: Designation:
Signature: Date:
Remark (if any):

- Forward/ Handover the form to Section 2B/2C as applicable.

Section 2B- Concern HOD:

Approved Disapproved

- I have checked the above travel was approved/ authorised.
- If disapproved, send it back to originator for correction.

Name: Department:
Signature: Date:
Remark (if any):

- Forward/ Handover the form to Section 3.
- In case of HOD/ Accounts Head/ HR Head forward/ handover the form to section 2C.

**Section 2C- HR Head (For all HODs except Self/ACs Head)/
Management (For HR Head/ ACs Head):**

Approved Disapproved

- I have checked the above travel was approved/ authorised.
- If disapproved, send it back to originator for correction.

Name: Department:
Signature: Date:
Remark (if any):

- Forward/ Handover the form to Section 3.

Section 3 - Accounts Department:

- Check Previous Approvals.
- Disburse the amount, if all OKAY. Final Amount:

Name: Designation:
Signature: Date:
Remark (if any):

- Once all the above done, send this form back to originating staff.

----- END OF THE FORM -----



