

Shri Swami Vivekanand Shikshan Sanstha  
**Vivekanand College, Kolhapur (Autonomous)**

**T.A./D.A. Bill Form**

Bank Name	Bank A/C No.	IFSC Code	Mobile No.

Name of the teacher\_\_\_\_\_

College\_\_\_\_\_

Subject\_\_\_\_\_

Purpose of visit\_\_\_\_\_

Place\_\_\_\_\_Departure Date\_\_\_\_\_Time\_\_\_\_\_

Place\_\_\_\_\_Arrival Date\_\_\_\_\_Time\_\_\_\_\_

Total Distance\_\_\_\_\_

T.A.\_\_\_\_\_ (Airfare/Train/Bus)

D.A.\_\_\_\_\_ ( ₹.130 per Day)

Total Amount Rs. \_\_\_\_\_

(in words: \_\_\_\_\_)

Name/College/Address/Contact

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Received Payment (Signature & Date)**

\_\_\_\_\_

(use Revenue Stamp if amount exceeds above Rs. 5000/-)

**Finance/Accounts Officer**  
Vivekanand College,  
Kolhapur (Autonomous)

**Chief CoE/COE/Dy. CoE**  
Vivekanand College,  
Kolhapur (Autonomous)