

**UNIVERSITY OF CALICUT
DEPARTMENT OF PHYSICAL EDUCATION**

Bill for Payment of TA/DA for participation in Inter Collegiate Tournaments

1. Name of Event :
2. Venue and date of Tournament :
3. Name of the participating Team :
- *4 Position Secured :
- *5 Number of Team members who actually participated in the Tournament :
- 6 TA claimed : Rs.
(Actual Bus/Train fare from College to the venue of the Tournament and back Details to be given overleaf)
7. DA claimed for participation at the rate of : Rs.
Rs. Per day
per student for days
8. Total Claim : Rs

I declare that the facts stated above are correct and I agree to refund to the University any excess payments objected by Audit.

Place :
Date :

Signature & Designation

R E C E I P T

Received from the Assistant Registrar, Department of Physical Education, University of Calicut a sum of Rs.(Rupees.....)
towards TA/DA for participation in Inter Collegiate Tournament as detailed above.

Place :
Date :

Stamp if the claim
exceeds Rs.5000/-

Signature & Designation

Paid and passed for payments of Rs.(Rupees.)
.....)

Place :
Date :

**Assistant Registrar
DPE**

*In the case of individual events a separate statement should be attached showing the name and position obtained by each Competitor.