



हेमवती नन्दन बहुगुणा गढ़वाल विश्वविद्यालय
Hemvati Nandan Bahuguna Garhwal University
श्रीनगर गढ़वाल (उत्तराखण्ड) – 246174
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(केन्द्रीय विश्वविद्यालय)
(A Central University)

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Ref: HNBGU/FO/2025/426

Date: 25/02/2025

CIRCULAR

Clarification on Submission and Reimbursement of TA/DA Claims

As per Rule 290 of the General Financial Rules (GFR) 2017, **claims for Travelling Allowance (TA) shall be submitted within sixty days** from the date of completion of the journey. Accordingly, claims for Travelling Allowance/Daily Allowance on Tour, Transfer, or Training shall stand forfeited or be deemed relinquished if not submitted within the stipulated period.

Reimbursement shall ordinarily be limited to the approved travel period and stay on tour beyond the approved period, if any, shall be duly justified by the claimant. Claimants shall also ensure that their **TA/DA claims are duly signed and dated before submission.**

Further clarification regarding the **reimbursement of hotel charges/accommodation** is as follows:

- **For Level 9 and above**, reimbursement shall be strictly subject to the submission of vouchers/bills.
- **For Level 8 and below**, claims (up to the prescribed ceiling) may be reimbursed without vouchers, based on a self-certified claim.

The format for the self-certified claim, applicable only to Level 8 and below, is attached herewith. All concerned are advised to adhere to these guidelines to facilitate timely processing of TA/DA claims.

25.02.2025
Finance Officer

Copy to:-

1. Campus Directors Chauras/Pauri/Tehri.
2. Director IQAC/RDC/MMTTC.
3. All Dean/HoD/PIs of the Projects/In-charge Guest House/Hostel Warden(s).
4. All the Section Heads/In-charge
5. DR/AR/Librarian/PRO.
6. CoE.
7. Executive Engineer/AE (Civil)/JE(Civil/Electrical).
8. PS to Registrar for information of Registrar.
9. PS to VC for information of Hon'ble Vice-chancellor.
10. I/c System Manager for uploading to the University website.
11. Guard File.

25.02.2025
Finance Officer

SELF-DECLARATION CERTIFICATE FOR ACCOMMODATION

(Applicable for Level 8 & below)

I hereby certify that I have paid accommodation charges as detailed below:

| S. No. | Particulars | Details |
|---------------|--------------------------------------|-----------------------|
| 1 | Name of Employee | |
| 2 | Designation | |
| 3 | Pay Level | |
| 4 | Name, Address & Contact No. of Hotel | |
| 5 | City of Stay | |
| 6 | Period of Stay | From: _____ To: _____ |
| 7 | Total No. of Days | |
| 8 | Per Day Charges | |
| 9 | Total Amount Paid | |
| 10 | Mode of Payment | |

I further declare that I have not claimed this expenditure from elsewhere.

Signature of the Claimant

Name: _____

Designation: _____

Pay Level (7th CPC): _____

Date of Submission: _____