



## FORM FOR FINAL SETTLEMENT TA BILL

EF  
Finpay\_11/02

Annexure to Circular No.Rules-15/2022 dt. 15.02.2022

Name ..... P.No. .... Grade .....

Deptt./Section ..... Date of Separation .....

Struck off order no. .... dated .....

Please. tick-Journey purpose :  Settlement at hometown on separation Settlement at place anywhere in India**I. Journey details**

The address of Home Town / place for which settlement TA bill is claimed is as given below:

House No. Street No. Village/town District State Nearest Railway Station

.....

PNR/ Ticket No. ....

| From   |                    | To      |                    | Air / Rail/<br>Road | Class | Distance<br>(km) | Tickets<br>(Nos.) | Amount<br>(₹) |
|--|--------------------|---------|--------------------|---------------------|-------|------------------|-------------------|---------------|
| Station  | Date of<br>Journey | Station | Date of<br>Journey |                     |       |                  |                   |               |
|  |                    |         |                    |                     |       |                  |                   |               |
|  |                    |         |                    |                     |       |                  |                   |               |
|  |                    |         |                    |                     |       |                  |                   |               |
|  |                    |         |                    |                     |       |                  |                   |               |
|  |                    |         |                    |                     |       |                  |                   |               |
|  |                    |         |                    |                     |       |                  |                   |               |
| <b>Sub total - I</b>   |                    |         |                    |                     |       |                  |                   |               |
| <b>II. Packing &amp; Transportation charges</b>  |                    |         |                    |                     |       |                  |                   | <b>Amount</b> |
| a) Packing charges   |                    |         |                    |                     |       |                  |                   |               |
| b) Transportation charges ( Household goods ) - By Road / Rail<br>Distance from HQ (Km.)..... Vehicle(Regn.No. ....) |                    |         |                    |                     |       |                  |                   |               |
| <b>Sub total - II</b>  |                    |         |                    |                     |       |                  |                   |               |
| <b>Total claims (I+II)</b>   |                    |         |                    |                     |       |                  |                   |               |

Total claims (in words) .....

.....

Date :

Name & Signature of ex employee/  
Nominee of ex employee

This is to certify that :

a. The following family members are unemployed and fully dependent on me including the unmarried children :

| Spouse     | Parents    | Children   |
|------------|------------|------------|
| Name & Age | Name & Age | Name & Age |
|            |            |            |

b. I have actually spent a sum of ₹..... (In words.....) towards fare, packing of household goods, transportation of household goods and vehicle for which original bills are enclosed.

c. Amount claimed is not more than the expenses actually incurred.

d. On ..... (date of final settlement journey) I was not in occupation of company quarter of BSP under License Scheme.

**e I am enclosing copy of vacation report of my BSP allotted quarter/quarter allotted on license basis.**

**f I am enclosing copy of Mediclaim form submitted by me online in SHUBHKAAMNA.**

Date :

Name & Signature of ex employee/  
Nominee of ex employee

**For Town Services Department**

**This is to certify that the ex-employee/nominee of ex-employee does not have company's quarter in his/her name under License/Retention/any other scheme.**

**Date:**

**Name & Signature of Officer of TSD  
with seal**

**For Personnel Department**

This is to certify that the name of family members and home town address/place as mentioned above is correct as per HRIS records/ records available with us.

Date:

Name & Signature of Officer of FSS/  
Personnel Officer with seal

**For Finance Department**

Passed for payment / adjustment for `..... (in words : .....  
.....)

Dealing Assistant

Asstt.Mgr./Dy.Mgr/Sr.Mgr(Fin-FCC)