



DR. BABASAHEB AMBEDKAR OPEN UNIVERSITY

(Established by Government of Gujarat)

R.C. Technical Institute Compound, Opp. Gujarat High Court.

Sarkhej Gandhinagar Highway, Sola, Ahmedabad-380 060 Fax O (079) 27663750

E-mail : feedback@baou.org, Website : www.baou.org

CONVEYANCE BILL

Name :- _____ Basic Pay :- _____

Designation :- _____, Address:- _____

Tele No. :- _____

1. Departure Place, Date & Time : _____
2. Date & Time of arrival at University : _____
3. Date & Time of departure from University : _____
4. Date & Time of expected arrival at Headquarter/Residence/City : _____
5. Journey by Car/Scooter, (Petrol/Diesel) Veh. No. _____, To&fro Km. _____
6. Journey by Rickshaw/Local Bus (To&Fro), fare/Amount Rs. _____
7. Purpose for visit : _____
8. Total Claim : _____

CERTIFICATE

I certify that no any expenses of the journey in respect of the above bill has been claimed by me and information shown in the bill are true and correct as per Conveyance rules adopted by Dr. Babasaheb Ambedkar Open University.

Date: _____

Signature of Claimant

Contains Received

Signature of Claimant

(For office use only)

CERTIFICATE

1. Expenditures mentioned in the bill are true and correct.
2. Certified that the expenditure for _____ mentioned in the bill has incurred in the interest of University work.

Counter signed for Rs. _____ (Rupees _____ only)

Registrar/Director
Dr. Babasaheb Ambedkar Open University

Passed for payment of Rs. _____ (Rupees _____ Only)

Assistant Registrar