THE INDIAN LAW INSTITUTE

Bhagwan Das Road, New Delhi-110 001

LOCAL CONVEYANCE BILL

Name ..... Designation .....

Purpose of travel .....

.....

.....

Day	Date	Timings	Mode	From	To	Amount
					Total	

Date..... Signature

Signature of Authorising Officer

Verified & recommended for Payment of Rs.....( ) only

Passed for Payment of Rs. ..... ( ) only

Dealing Assistant Accountant Accounts Officer Registrar Director

Received Rs. ..... ( ) by me

Date Signature