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| --- | --- |
|  **DISBURSMENT SHEET** | **Form CT-05** |

**Project Number: CT/**

|  |
| --- |
| **A. Details of Receipt/Payment:** |
| 1 | Total Charges |  |
| 2 | GST @ 18% of the Total Charge |  |
| 3 | Total Amount received vide receipt No\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_ (Please attach copies of receipts) |  |
| 4 | Deduct: Actual expenditure/payments already made (Please give details) |  |
| 5 | Balance available for disbursement |  |

|  |
| --- |
| **B. Credits & Disbursement:** |
| 6 | GST @18% of the Total Charge |  |
| 7 | INSTITUTE CHARGES @40% (in case of total charge(A1) involving IIPE facilities)@30% (in case of total charge(A1) not involving IIPE facilities) |  |
| i | Institute @ 70% of Institute Charges  |  |
| ii | Dept Growth Fund @ 15% of Institute Charges. |  |
| iii | Benevolent fund @ 10% of Institute Charges  |  |
| iv | Outreach Activity @ 5% of Institute Charges. |  |
| 8 | Field visits & vehicle charges |  |
| 9 | Lodging and Boarding Charges |  |
| 10 | Equipment charges (to be credited to DGF) |  |
| 11 | Other payments to be made (Please given details) supplier’s bill should be sent separately to the accounts section for payment along with approval/sanction of the same |  |
| 12 | Contingency/Consumables etc.(not exceeding 20% of A1) |  |
| 13 | Total credit (Add SL. No.7 to 12) |  |
| 14 | Balance Available for disbursement (SL No. 5 - SL. No.13) |  |
| 15 | Amount to be released as per list attached (Annexure I & Annexure II) |  |
| 16 | Net Savings |  |

|  |
| --- |
| **Distribution of Savings:** |
| 17 | A | 50% Institute Development fund |  |
| B | 50% to the Dept.’s Growth Fund of CI & CO-CI(s) with equal share basis  |  |

 **Enclosures:** Photocopies of money receipts. Disbursement sheet, Statement of expenditure, Distribution list of Honoraria to faculty & supporting staff of IIPE

**Signature of HOD Signature of consultant In-charge**

|  |  |
| --- | --- |
|  **DISBURSMENT SHEET** | **Form CT-05Annexure - I** |

**Project Number: CT/**

**A. DETAILS OF DISBURSEMENT TO CONSULTANTS:**

 **A.1. HONORARIUM FOR CONSULTANTS:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Employee ID (IIPE)/ Organisation (Other consultants)** | **Designation & Department** | **Gross Amount (Rs.)** | **Signature** |
|  |  |  |  |  |  |
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This is to certify that the final report has been sent to the client on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ One copy has been retained in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and one copy has been sent to Dean (R & D) office.

Signature of Consultant In-charge

 Name:

 Date:

|  |  |
| --- | --- |
|  **DISBURSMENT SHEET** | **Form CT-05Annexure - II** |

**Project Number: CT/**

**B. DETAILS OF DISBURSEMENT OF HONORARIA TO SUPPORTING STAFF OF IIPE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name** | **Employee ID** | **Amount (Rs.)** | **For Accounts section use only** |
| **Honorarium limit as per institute norms** | **Does the Honorarium exceed institute norms (If yes, approval of director is mandatory)** | **Total honoraria processed for payment so far in current F.Y** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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This is to certify that the above-mentioned Consultancy project has been completed and the report /course volume has been submitted to the client on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Consultant In-charge

 Name:

 Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

May be processed for payment

Dean (R&D)