

**INDIAN INSTITUTE OF PETROLEUM & ENERGY VISAKHAPATNAM**

भारतीय पेट्रोलियम और ऊर्जा संस्थान विशाखापत्तनम

|  |
| --- |
| **TRAVELLING / DAILY ALLOWANCE / HONORARIUM / SITTING FEES CLAIM FORM** |

Expert /Examiner/Guest Member of BoG/FC/BWC/Senate

Purpose/Claim against: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name- Dr./Mr./Ms. |  | Emp. Code (if applicable) |  |
| Department |  | Designation |  |
| Gr. Pay/ Pay Level |  | Name of the Organisation |  |

**PART-A: TRAVELLING ALLOWANCE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FROM** | | | **TO** | | | **Mode of Travel** | **Class of Travel** | **Fare**  **Expense** | **Ticket/PNR No** |
| **Date** | **Time** | **Place** | **Date** | **Time** | **Place** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**PART-B: DAILY ALLOWANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Hotel/GH Charges** | **Food Charges\*** | **Local Transport** | **Any other expenses**  **(Please specify)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total (In figures)** | | | | **₹** |

* **\*** Declaration: Certify that I have spent the above amount against the food charges.
* Please enclose original Air/Railway ticket, Boarding pass, Receipt of Hostel/GH Charges in support of claim.

**PART-C: OTHER CLAIMS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Honorarium\*** |  | **Registration Fee** |  | **Booking Fee** |  | **Cancellation Fee** |  | **Misc. Fee** |  | **Total** |
| **₹** | | **₹** | | **₹** | | **₹** | | **₹** | | **₹** |

**\***Honorarium, if applicable, to be filled by the Head of the Section, IIPE

**PART-D: DECLARATION**

1. **BANK DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Account No.: | \ | Beneficiary’s Name |  |
| Name of the Bank |  | Branch |  |
| IFSC Code |  | PAN NO |  |

I, Dr./Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that the claims made above are based on the actual amount spent by me and have not been claimed by me and or paid to me from any other source. I certify that I have attached all the required attested documents. Further, I do certify that the booking of all the transport (AIR/TRAIN) was booked in the cheapest and shortest route as available. An advance of ₹\_\_\_\_\_\_\_\_\_\_ was drawn by me on \_\_\_\_\_\_\_\_\_ may be adjusted against the claim.

**Signature of the Claimant**

**Signature of the HoD/HoS/HoC/HoO**

Forwarded [to Internal Audit]

**PART-E: FOR OFFICE USE ONLY**

**IA Clearance and recommendation of ₹\_\_\_\_\_\_\_\_\_\_ (in figures) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (In words) towards the above claim.**

**Signature of IA (with date)**

**Approve/Not Approved**

**Director/Registrar**

Forwarded [to F&A Section]