



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, IPE

PART-D: DECLARATION

1. BANK DETAILS

Bank Account No.:	Beneficiary's Name
Name of the Bank	Branch
IFSC Code	PAN NO

2.

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]