



WALCHAND COLLEGE OF ENGINEERING, SANGLI

VOUCHER FOR HONORARIUM AND TRAVEL

(FOR EXTERNAL MEMBER ONLY)

(Under TEQIP - III)

Proposal No. _____ Allocation: _____

Voucher Date: _____

Pay to _____

Towards Honorarium for (Title of Activity) : _____

Activity Start Date : _____ To _____ held at _____

Particulars of Honorarium – (A)	Amount Rs.	<input type="checkbox"/> Pay by PFMS
Resource Persons Post :		Resource Person Signature
Industry/Institute Name & Short Address :		
Contact No:		
Tick the appropriate category of Resource Person - <input type="checkbox"/> From IIT/NIT (Rs. 5000/-) <input type="checkbox"/> From Industry (Rs. 5000/-) // <input type="checkbox"/> Faculty from TEQIP-III Institutions (Rs. 5000/-) // <input type="checkbox"/> From Non-TEQIP-III Institutions (Principal/Professor/Associate Professor) (Rs. 4000/-) // <input type="checkbox"/> From Non-TEQIP-III Institutions (Assistant Professor/Contractual Faculty) (Rs. 3000/-)		

Particulars of Travel (B)	Amount Rs.	<input type="checkbox"/> Pay by PFMS
From : _____ to WCE Sangli		Resource Person Signature
From : WCE Sangli to _____		
Local Convenience at City : _____ ---->		
Kms. _____ x Rate/Km _____ = Rs. _____		
Vehicle No: _____ Total		
Please tick & attach appropriate valid documents with this claim.		
<input type="checkbox"/> Original Bus / Train Tickets. <input type="checkbox"/> Bills Paid to Travel agency. <input type="checkbox"/> Car Travel prior permission from director. <input type="checkbox"/> RC book copy (for All Car/Hired Vehicle Travel) <input type="checkbox"/> Toll Receipts. <input type="checkbox"/> Local Convenience without valid bills is allowed to claim Maximum up to Rs. 400/- per day. <input type="checkbox"/> MANDATORY one page resume of concern person with photo.		
Rate for Petrol Vehicle: Rs. 15/- Km, Diesel: Rs. 12/- Km.		

Total Claim Amount :

Honorarium (A) _____ + Travelling (B) _____ = Total Rs. : _____

Activity
Coordinator

H.O.D.

TEQIP
Accounts

WCE
Accounts

Accounts
Officer

TEQIP
Coordinator

I/C. Director

BANK DETAILS OF RESOURCE PERSON

Account Holder Full Name (As per Bank Passbook): _____

Bank Name : _____

Branch Name : _____

IFSC Code : _____

Account Number : _____

PAN No : _____

GST No (If Applicable) : _____

Phone No : _____

Mobile No : _____

E Mail ID : _____