



# WALCHAND COLLEGE OF ENGINEERING

VISHRAMBAG, SANGLI

PN :

Alloc :

Register :

## EXPENDITURE CLAIM UNDER TEQIP - III

First Name \_\_\_\_\_ Middle Name : \_\_\_\_\_ Surname : \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Department : \_\_\_\_\_ Designation: \_\_\_\_\_ Grade Pay: Rs. \_\_\_\_\_/-

Bank Name : \_\_\_\_\_ IFSC Code : \_\_\_\_\_ Bank Account : \_\_\_\_\_

Proposal No: \_\_\_\_\_ Activity Name: \_\_\_\_\_

Conducted at (City Name): \_\_\_\_\_ Activity Start on: \_\_\_\_\_ Activity End on: \_\_\_\_\_

For Faculty Only

| Sr. No | Description  | Details of Travel (Travelled Route) (Source & Destination) |                                |  | Ticket / Invoice / Receipt Number. | Travel DA as per Travelling hours in Rs.<br><b>A</b> | Amount claimed in Rs.<br><b>B</b> |
|--------|--|--|--------------------------------|--|------------------------------------|--|-----------------------------------|
|        |  | Departure<br>Date / Time & Place                           | Arrival<br>Date / Time & Place | Mode of Travel                             |                                    |  |                                   |
| 1      | <b>Travelling Expenses</b><br><br>Mandatory Docs.<br>1. Original Tickets / Original Boarding Pass)<br><br>2. In case of Private Car – Permission from Director & RC Book Copy of the Vehicle is mandatory. |  |                                |  |                                    |  |                                   |
|        |  |  |                                |  |                                    |  |                                   |
|        |  | <b>Grand Total A + B</b>                                   |                                |  |                                    |  |                                   |
| 2      | <b>Local Convenience</b><br><br>(Only Auto / Taxi)<br>Attached Separate sheet if place is not sufficient.  | <b>From</b>  | <b>To</b>                      | <b>Mode of Travel (Auto/Taxi/Ola/Uber)</b> |                                    |  |                                   |
|        |  |  |                                |  |                                    |  |                                   |
|        |  |  |                                |  |                                    |  |                                   |
|        |  |  |                                |  |                                    |  |                                   |

For Faculty Only

| Sr. No | Description   | Particulars (Details of Expenses)<br><b><i>You can claim either 3 or 4.</i></b>  | Receipt No OR Invoice No.    | Amount Claimed        | (For TEQIP Office) Amount Allowed |
|--------|---|--|------------------------------|-----------------------|-----------------------------------|
| 3      | <b>Food (&amp; (OR) Stay</b><br>(सर्व बिले "ORIGINAL" च पाहिजेत)  |  |                              |                       |                                   |
|        |   |  |                              | <b>Total</b>          |                                   |
| 4      | <b>Normal D.A.</b><br>(जर वरील प्रमाणे बिले नसतील तर)   | Number of Actual Activity Days _____ @ Rs. 200/- for Non Metro<br>Number of Actual Activity Days _____ @ Rs. 325/- for Metro<br>(मेट्रो सिटी : दिल्ली, मुंबई, कलकत्ता, चेन्नई, हैद्राबाद, बेंगलोर) आणि प्रोजेक्ट साठी जबलपूर |                              |                       |                                   |
| 5      | <b>"Bill paid by Me" Particulars (२ पेक्षा जास्त बिलांसाठी वेगळ्या कागदावर त्याची "SUMMARY" जोडावी)</b> |  | <b>Bill No. / Receipt No</b> | <b>Amount Claimed</b> |                                   |
|        |   |  |                              |                       |                                   |
|        |   |  |                              |                       |                                   |

Summary: 1. \_\_\_\_\_ + 2. \_\_\_\_\_ + 3. \_\_\_\_\_ + 4. \_\_\_\_\_ + 5. \_\_\_\_\_ =====

TEQIP Expenses Allocation for the Activity: 1.3. \_\_\_\_\_ **Total Amount (1+2+3+4+5): ₹** \_\_\_\_\_

Amount in Words: \_\_\_\_\_

**: Undertaking Before Claim by the Claimant :**

Expenditure shown above has been incurred by me wholly, necessarily and exclusively for the purposes of the College's Activity. Only reimbursement of actual costs is sought; there is no element of profit.  
No part of the claim relates to holidays, or private business activities.  
Any cost relating to the travel costs for partners, family or others who are not engaged on College Activity have not claimed.  
**No claim in this regards from the College or from any fund or from other institute claimed by me.**  
**If found, I bind to reimburse the same to the TEQIP, which is a project of M.H.R.D., Govt. of India.**

|  |   |                               |
|--|---|-------------------------------|
| Please Pass and arrange to Pay the bills as enclosed through PFMS. | Above bills are forwarded after verification. | Above bills are authorised    |
| Name:<br>Sign of the Claimant ( Advance receipt)                   | Name:<br>(Activity Coordinator)               | Name:<br>(Head of Department) |

|                 |                |                |                              |                   |                             |
|-----------------|----------------|----------------|------------------------------|-------------------|-----------------------------|
| Report Received | Report Checked | Bills Checked  | Bills are scrutinised to Pay | Passed            | <u>Approved for Payment</u> |
| TEQIP Office    | TEQIP Reports  | TEQIP Accounts | Accounts Office              | TEQIP Coordinator | Director                    |

|  |  |
|--|--|
| With this Claim Form Document following documents must be attached:<br>1. Original Bill<br>2. Report / Photos<br>3. Attendance of Event & Student sign for Kit received.<br>4. Claimant Signature on all bills<br>5. Certificates if any | 6. Permissions / Copy of approval letter for activity.<br>7. Resume of External Speakers<br>8. Presented Papers<br>9. Photocopy of the Thermal Paper Printed Bills.<br>10. Undertaking for Amount. For Amt. Claim by you but paid by others. |
|--|--|