



# WALCHAND COLLEGE OF ENGINEERING

VISHRAMBAG, SANGLI

## EXPENDITURE CLAIM UNDER TEQIP - III

PN :  
Alloc :  
Register :

First Name: \_\_\_\_\_ Middle Name : \_\_\_\_\_ Last Name : \_\_\_\_\_

Dept.: \_\_\_\_\_ B. Tech / M. Tech. PRN: \_\_\_\_\_

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

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

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

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

For Students Only

Sr. No	Description	Details of Travel (Travelled Route) (Source & Destination)			Ticket / Invoice / Receipt Number.	Amount claimed in Rs.
		Departure Date / Time & Place	Arrival Date / Time & Place	Mode of Travel		
1	<b>Travelling Expenses</b>  (Pls. attach ONLY Original Ticket)  (Air Travel is not allowed in any case)  Public Transport is Preferable.  Only Sleeper class of Railway Travel is permitted.					
2	<b>Local Travel within City</b> (Preference Govt. Public Bus) Auto Riskha Allowed Rs. 100/- per day per person.	<b>From</b>	<b>To</b>	<b>Mode of Travel</b>	<b>Amount</b>	

For Students Only

(Please print Front & Back side of Single Page Only)

Sr. No	Description	Particulars (Details of Expenses)	Receipt No OR Invoice No.	Amount
3	<b>Food (&amp;) (OR) Stay</b>  Only Original Bills are accepted			
<b>- Food (&amp;) (OR) Stay Amount -</b> For Metro Cities including Jabalpur Rs. 750/- & For All Other Cities Rs. 550/- per student per day.				
4	<b>“Bill paid by Me” Particulars</b> (Please attach separate Summary page if more than 2 entries)		Bill No. / Receipt No	Amount
	Total Amount :			

For Students Only

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

Allocation: 1.3. \_\_\_\_\_ 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 is claimed by me. If found, I will reimburse the same to the TEQIP, which is a project of M.H.R.D., Govt. of India.***

For Students Only

Please Pass and arrange to Pay the bills as enclosed through PFMS.		Above bills are forwarded after verification.		Above bills are authorised	
Name: Sign of the Claimant (Advance Receipt)		Name: (Activity Coordinator)		Name: (Head of Department)	
<u>Report Received</u>	<u>Bills Checked</u>	<u>Bills are scrutinised to Pay</u>	<u>Passed</u>	<u>Approved for Payment</u>	
TEQIP Office	<u>TEQIP Accounts</u> (Prashant Gore)	<u>Accounts Office</u> (Shri. Vijay Patil)	<u>TEQIP Coordinator</u> (Dr. V. B. Dharmadhikari)	<u>I/c. Director</u> (Dr. P. G. Sonavane)	
With this Claim Form Document following documents must be attached: 1. Original Bill 2. Report / Photos 3. Attendance of Event & Student sign for Kit received. 4. Claimant Signature on all bills 5. Certificates if any			6. Permissions / Copy of approval letter for activity. 7. Presented Papers 8. Photocopy of the Thermal Paper Printed Bills. 9. Undertaking for Amount. For Amt. Claim by you but paid by others.		