

**WALCHAND COLLEGE OF ENGINEERING
VISHRAMBAG, SANGLI**

TEQIP OFFICE USE ONLY

Proposal No:
Head Allocation:
PFMS Number:

EXPENDITURE CLAIM FORM UNDER TEQIP - III

Name of the Claimant: _____ Dept.: _____

Mobile: _____ Email: _____

Designation: _____ Basic Pay: Rs. _____/- Grade Pay: Rs. _____/-

Office Order No: _____ Activity Name: _____

Conducted at (City Name): _____ Activity Start on: _____ Activity End on: _____

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

Sr. No	Description	Particulars (Details of Expenses) <i>You can claim either 3 or 4.</i>	Receipt No OR Invoice No.	Amount Claimed	(For TEQIP Office) Amount Allowed
3	Food & Stay (Bills should be attached in Original)				
				Total	
4	Normal D.A. (To be claimed in absence of Original Bills)	Number of Actual Activity Days _____ @ Rs. 200/- for Non Metro Number of Actual Activity Days _____ @ Rs. 325/- for Metro			
5	Particulars (Please use Bill summary form in case of more entries and mention only Sum of the Bill Summary)		Receipt No	Amount Claimed	

Summary: 1. _____ + 2. _____ + 3. _____ + 4. _____ + 5. _____ =

TEQIP Expenses Allocation for the Activity: 1.3. _____ **Total Amount:** Rs. _____

Amount in Words: _____

Undertaking:

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 employees 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 by me.	Above bills are authorised by me.
Name: Sign of the Claimant & Advance receipt	Name: (Activity Coordinator)	Name: (Head of Department)

<u>Report Recd.</u>	<u>Bills Checked</u>	<u>Forwarded to Pay</u>	<u>Verified & Passed</u>	<u>Approved for Payment</u>
TEQIP Office	TEQIP Accounts (Prashant Gore)	TEQIP Coordinator (Dr. V. B. Dharmadhikari)	Accounts Officer (Shri. Vijay Patil)	Director (Dr. G. V. Parishwad)

With this Claim Form Document following documents must be attached:	6. Permissions / Copy of approval letter for activity.
1. Original Bill	7. Resume of External Speakers
2. Report / Photos	8. Presented Papers
3. Attendance of Event & Student sign for Kit received.	9. Photocopy of the Thermal Paper Printed Bills.
4. Claimant Signature on all bills	10. Undertaking for Amount. For Amt. Claim by you but paid by others.
5. Certificates if any	11. Grade Pay