



WALCHAND COLLEGE OF ENGINEERING

VISHRAMBAG, SANGLI

EXPENSE CLAIM UNDER TEQIP - III

PN :
Alloc :
Register :

First Name _____ Middle Name : _____ Surname : _____

Mobile: _____ Email: _____

Department : _____ B. Tech / M. Tech PRN : _____ Claim for _____ Students

Bank Name : _____ IFSC Code : _____ Bank Account : _____

Proposal No: _____ Activity Name: _____

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

For Student Only

For Student Only

Sr. No	Description	Details of Travel (Travelled Route) Source & Destination)			Ticket / Invoice / Receipt Number.	Amount claimed in Rs.
		Departure	Arrival	Mode of Travel		
		Date / Time & Place	Date / Time & Place			
1	Travelling Expenses 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	Local Convenience (Preference Govt. Public Bus / Local Train)	From	To	Mode of Travel		

Sr. No	Description	Particulars (Details of Expenses)	Receipt No OR Invoice No.	Amount
3	Food (& (OR) Stay Only Original Bills are accepted			
		Total		
- Food (& (OR) Stay Amount - For Metro Cities including Jabalpur Rs. 750/- & For All Other Cities Rs. 550/- per student per day. In case only food expenses Rs. 300/- allowed per day per student.				
4	Particulars of "Bill paid by Me" (Please attach separate summary page if it is more than 2 entries)		Bill No. / Receipt No	Amount

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

Allocation for the Activity: 1.3. _____ Amount in Words: _____

Undertaking Before Claim

Expenditure shown above has been incurred by me wholly, necessarily and exclusively for the purposes of the College 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.

For this activity there is no other claim from the College or any fund or any other institute by me. If found, I will 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: Sign of the Claimant (Advance receipt)	Name: (Activity Coordinator)	Name: (Head of Department)

<u>Report Received</u>	<u>Report Checked</u>	<u>Bills Checked</u>	<u>Bills are scrutinised to Pay</u>	<u>Passed</u>	<u>Approved for Payment</u>
TEQIP Office	<u>TEQIP Reports</u>	<u>TEQIP Accounts</u> (Prashant Gore)	<u>Accounts Office</u> (Shri. Vijay Patil)	<u>TEQIP Coordinator</u> (Dr. V. B. Dharmadhikari)	<u>Director</u> (Dr. P. H. Sawant)

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.