Ref. No.:

(To be filled at TEQIP Office) Date:



## **BIRLA VISHVAKARMA MAHAVIDYALAYA (BVM) ENGINEERING COLLEGE** VALLABH VIDYANAGAR -388120, GUJARAT, INDIA

**TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME (TEQIP – III)** 

Format For Claiming Reimbursement under TEQIP-III (for BVM Faculty & Staff)

Name and designation of the applicant:					
Department:	Employee number (in BVM):				
Vendor ID (generated by PFMS) :					
Salary: Basic:	Grade pay with AGP:				
Event Name (description in brief):					
Ref. No. and date of Approval of Proposal (attach a copy): Also attach a copy of office order					

Sr.	Particulars	Amount (INR)	Remarks (if any)
1	Travel Expenditure with toll tax		
2	Local Travel		
3	Hotel Charges		
4	Registration Fees		
	Sub Total		
>	No. of Days for which the claimant        wishes/needs to claim food bills		
$\rightarrow$	Food Bill ( to be filled by office only)		
	Total		
	Advance Withdrawn (as mentioned in the Proposal attached)		Dated:
	Difference amount to be claimed / returned		

I hereby submit a brief report (Hard Copy & Email / CD) indicating the outcomes of the above event. •

I abide to return the received amount in part or full in case of any discrepancy raised by competent authority in future.

I hereby enclose the vendor details form. (Bank account shall be salary account of BVM). ٠

Signature of Applicant: \_\_\_\_\_\_ (Submit completed form to the TEQIP office.)

Signature of HOD :\_\_\_\_\_\_, (Verified that the utilization of the fund is as per TEQIP-III norms & approval taken) Concerned Nodal officer (Academic): \_\_\_\_\_\_, (Signature) \_\_\_\_\_\_, (Name)

 $\rightarrow$  Office use only:

No. of Days	Maximum permissible Amount (Rs.)				
	Local Travel	Hotel Charges	Food Bill		

Passed for amount (INR): \_\_\_\_\_\_ (Rupees \_\_\_\_\_\_)

Sign of Head clerk/ Account, BVM Office: \_\_\_\_\_\_ Nodal Officer (Finance), TEQIP-III, BVM: \_\_\_\_\_\_

Principal, BVM: \_\_\_\_\_

	Fa	iculty & Staff Claim – 1
Ref. No.:	(To be filled at TEQIP Office)	Date:

Details of TA & DA:

Deta	ails of Expens	ses_							
A. <u>T</u> I	ravel Expense	es with to	ll tax						
C	Departure	Arrival				Kind of	Distance	Whether	Fare Paid
Station	Date	Hours	Station	Date	Hours	journey i.e. by Rail, Air , Taxi etc.	in km	vehicle was provided by TEQIP Office (Yes/ No)	(Rs.)
								TOTAL (A)	
# In case of traveling by air through an airline other than Air India: <ol> <li>Whether any Air India flight was available connecting the two places?Yes/No</li> <li>If Yes, whether tickets were available in Air India flights?Yes/No</li> <li>Whether the private airline of your travel was more economical than the economy class of Air India airline?Yes/No</li> <li>Local Travel</li> </ol>									'No
C	Departure			Arrival		Kind of Distance Vehicle No.			Fare Paid
Station	Date	Hours	Station	Date	Hours	journey i.e. by Rickshaw, Taxi etc.	in km		(Rs.)
		I		I		l	1	TOTAL (B)	
C. Hotel Charges				1		1			
Sr. No. Date Bill No.		A	mount (Rs.)		Remarks				
				Total (C)					
Total of Amount ( A + B + C )									

Note:

1. Fee Receipts (Original), Boarding Passes/Tickets (Including Train, Bus etc.) fare receipts of Taxi, Toll Tax Receipts (Original & photocopies), and Auto/ Bill of Hotel & Food charges are to be submitted along with this. All photocopies need to be self-attested by the applicant. Paste all small sized bills on a plain A4 size paper.

2. If you have traveled by your own car, attach a copy of RC along with this.