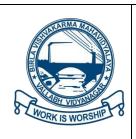
Ref. No.:	To be filled at TEQIP Office	Faculty & Staff Claim Form
		Date:



## BIRLA VISHVAKARMA MAHAVIDYALAYA (BVM) ENGINEERING COLLEGE VALLABH VIDYANAGAR -388120,GUJARAT,INDIA TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME FUNDS (TEQIP FUNDS)

## Claim Form Reimbursement under TEQIP Funds (BVM Faculty & Staff)

Name ar	nd designation of the applicant	1				
Departm	nent:					Employee number (in BVM):
Vendor	D:					
Salary:	Basic:					Grade pay with AGP/Level:
Event Na	ame (description in brief):					
Ref. No.	and date of Approval of Propo	sal (attach a copy): A	Also attach a copy of	office	order	
Sr.		Particulars			Amount (INR)	Remarks (if any)
1	Travel Expenditure with toll t	ax			, ,	
2	Local Travel					
3	Hotel Charges					
4	Registration Fees					
			Sub To	otal		
>	No. of Days for which the clai wishes/needs to claim food b		Days			
$\rightarrow$	Food Bill ( to be filled by office	ce only)				
				otal		
	Advance Withdrawn (a					Dated:
		ence amount to be cl				
	<ul> <li>I hereby submit a brief</li> <li>I abide to return the refuture.</li> <li>I hereby enclose the ver</li> </ul>	eceived amount in pa	art or full in case of a	ny discr	epancy raised by o	
9	Signature of Applicant:		(S	ubmit o	completed form to	the TEQIP office.)
9						
(		(Submit completed form to the TEQIP office.)				
•		X			X	
•	Office use only:	Mavimum	n permissible Amour	+ /Dc \		
	No. of Days	Local Travel		tel Cha	<b>****</b>	Food Bill
		LOCAI ITAVEI	nc	itei Ciia	iges	FOOU BIII
I	Passed for amount (INR):	(Rupees				)
!	Sign of Clerk, TEQIP Office:		Finance C	Officer,	TEQIP-Funds, BVN	1:
	Sign of OSD				Principal, BVI	M:

Ref. I	No.:			To	be filled	l at TEQIP Office	-	Faculty & S Date:	Staff Claim Fo
etails of TA &									
	ails of Expen								
	ravel Expens	ses with to	II tax			1	I		
	eparture	1	Arrival			Kind of	Distance	e in km	Fare Paid (Rs
	Date	Hours	Station	Date	Hours	journey i.e. by Rail, Taxi etc.			
								TOTAL (A)	
B. Departure Station Date	eparture Date	Hours	Local Travel  Arrival  urs Station Date Hours			Kind of journey i.e. by		Vehicle No.	Fare Paid (Rs
						Rickshaw, Taxi etc.	km		
								TOTAL (D)	
C.		11	lotel Charges	•				TOTAL (B)	
Sr. No.		Date	Bill No.		Α	mount (Rs.)	Remarks		
				Total (C)					
		To	otal of Amou	ınt ( A + B + C )					
Cab/	'Auto/ Bill of I	Hotel & Foo		to be submitted		of Taxi, Toll Tax Rec h this. All photocopi			
	u have travel				ong with t	hic			