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 and designation of the applicant:	
Department:	**Employee number (in BVM):**
Vendor ID:	
Salary: Basic:	**Grade pay with AGP/Level:**
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	_____ Days		
→	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	Advance Withdrawn (as mentioned in the Proposal attached)			Dated: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).

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

---------- X ---------- X ----------

Signature of HOD :_____,(Verified that the utilization of the fund is as per TEQIP Funds norms & approval taken)

Concerned Officer (Academic): _____, (Signature) _____(Name)

---------- X ---------- X ----------

→ Office use only:

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

Passed for amount (INR): _____(Rupees _____)

Sign of Clerk, TEQIP Office: _____ Finance Officer, TEQIP-Funds, BVM: _____

Sign of OSD _____ Principal, BVM: _____

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

Details of TA & DA:

Details of Expenses

A. Travel Expenses with toll tax

Departure			Arrival			Kind of journey i.e. by Rail, Taxi etc.	Distance in km	Fare Paid (Rs.)
Station	Date	Hours	Station	Date	Hours			
							TOTAL (A)	

B. Local Travel

Departure			Arrival			Kind of journey i.e. by Rickshaw, Taxi etc.	Distance in km	Vehicle No.	Fare Paid (Rs.)
Station	Date	Hours	Station	Date	Hours				
								TOTAL (B)	

C. Hotel Charges

Sr. No.	Date	Bill No.	Amount (Rs.)	Remarks
		Total (C)		
		Total of Amount (A + B + C)		

Note:

1. Fee Receipts (Original),Tickets (Including Train, Bus etc.) fare receipts of Taxi, Toll Tax Receipts (Original & photocopies), and Cab/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.

Dated signature of applicant: _____ **Sign of clerk TEQIP Office & OSD:** _____