



INDIAN INSTITUTE OF TECHNOLOGY INDORE

CLAIM FOR REIMBURSEMENT OF LOCAL CONVEYANCE

Name of the Applicant						
Designation & Department						
Bank Account No.						
Bank Name						
Branch Name & IFS Code						
Budget Head		Departmental () CPDA () Project () Others ()				
		(Please specify other source / Project No. if applicable)				
S. No.	Date of Journey	Particulars		Mode of Transport	Distance (Km.)	Amount (In Rs)
		From	To			
1						
Purpose						
2						
Purpose						
3						
Purpose						
4						
Purpose						
5						
Purpose						
*Note: The purpose of the travel shall be indicated below for each journey performed.					Total Claim (Rs)	
Signature of the Applicant:						
<u>Declaration by in-charge of Transport Section and Recommending Authority</u> Certified that Prof. / Dr./Mr./Ms. _____ has attended the office work as indicated above and journey performed by him/her was essential and institute transport was not available/ utilized for that journey.						
Signature (In-charge, Transport Section)						
Signature of Recommending Authority				Signature of Approving Authority having financial power		
(FOR FINANCE OFFICE USE)						
Amount claimed (Rs)						
Net claim passed for (Rs)						

Deputy Manager

Manager

AR/DR

Registrar