



INDIAN INSTITUTE OF TECHNOLOGY INDORE

TRAVEL SCHEDULE CUM ADVANCE APPROVAL REQUEST

1. Name of the Applicant					
2. Designation & Department					
3. Grade Pay					
4. Place of visit					
5. Purpose of visit					
6. Period of visit		From _____ To _____			
7. Departure		Arrival		Schedule of Tour	Estimated Fare (Rs)
Date & Time	Place	Date & Time	Place	Mode & Class of Travel	
8. Please specify the budget head for expenditure is incurred		Departmental () Project () Others ()			
		(Please specify other source/Project No. if applicable)			

- i) Estimated Travel expenses: _____.
- ii) Estimated other expenses (including local travel, accommodation etc.) _____.

I hereby undertake:

- (i) not to extend stay without prior approval of the Sanctioning Authority;
- (ii) to submit the adjustment bill for the above advance, if taken, immediately on return (Strike off if not applicable)
- (iii) I have submitted the TA/DA advance adjustment bills for previous tour(s).

It is requested that the tour programme may kindly be approved. TA/DA and contingent advance as above may be sanctioned and paid.

Signature of Touring Officer

Date -

I certify that necessary funds are available in the project budget (If applicable)

Principal Investigator/Section Head

Approved & Sanctioned

Registrar /HoD/Dean/Director

If the journey to be performed by a class higher than admissible/airlines other than Air India, please specify the proposed class/airlines and specific reason for the same may be given below.

For consideration and approval please.

Signature of Touring Officer

Dean of Administration

Copy to:

1. Account Section (in case advance is required)
2. Establishment Section
3. Travel Section (where necessary)