



INDIAN INSTITUTE OF TECHNOLOGY INDORE

TRAVELLING ALLOWANCE /CLAIM FORM FOR MEMBERS

1. Name of the Member:
- 2 (i). Name of the Committee/Body:
- (ii). Date of meeting:
3. Bank details for transfer into bank account:
- (i). Account holder:
- (ii). Bank name:
- (iii). Branch name:
- (iv). Account no.:
- (v). IFS code:

4. Travel fares (Air /Rail/ Bus) (Copy of tickets and boarding pass, where applicable, be enclosed), if any:

Departure		Arrival		Mode & Class of Journey (Rail/ Road/ Air & Economy/IAC/II AC/ III AC etc.)	Train /Flight No. & PNR No.	Fare
Place	Date & Time	Place	Date & Time			()
Total Fare ()						

5. Details of local conveyance charges, if any:

Date	Station	Place visited/travelled		Distance (KM)	Mode of Travel - Taxi / Auto/Other	Fare ()	Remarks
		From	To				
Total Local Conveyance ()							

6. Reimbursement of hotel/food bills if any, (bills to be enclosed):

Sr. No.	Date	Bill details	Amount ()	Sr. No.	Date	Bill details	Amount ()
Total ()							

7. Sitting fees/ Honorarium:

8. Total (4+5+6+7) =

Certified that I have travelled by the class and mode of conveyance as indicated above.

Signature of the Member

Signature of the Approving Authority
having financial power

(FOR FINANCE OFFICE USE)

Admitted for `

Disallowed/Added `

Passed for `

Cheque No. & Dated

Deputy Manager

Manager

AR/DR

Registrar