राष्ट्रीय प्रौद्योगिकी संस्थान वारंगल

NATIONAL INSTITUTE OF TECHNOLOGY WARANGAL

An Institute of National Importance

FORM – ES / 05 | **TRAVELLING / DAILY ALLOWANCE BILL ON OFFICIAL TOUR**

No. – NITW/..... Date – ..... /..... /20---.

☐ Employee ☐ Student ☐ Expert/Examiner/Guest ☐ Member of BOG/FC/BWC/Senate

Name – Dr./Mr./Ms. _____ Emp. Code / Roll No. – _____

Department – _____ Designation – _____ Gr. Pay – ₹ _____

Travelling Authorization Ref. No. – NITW/Admn/ _____ , Date - ____ / ____ / 20____

PART - A : TRAVELLING ALLOWANCE

(Note – Do not give local travel details at Duty Station in Part – A, the same is to be given in Part-B)

FROM			TO			Mode of Travel	Class of Travel	Fare Expense	Ticket / PNR No.*
Date	Time	Place	Date	Time	Place				
		NIT Campus				Road			N/A
Upward Journey									
Return Journey									
					NIT Campus	Road			N/A

PART - B : DAILY ALLOWANCE*

Date	Hotel/GH Charges*	Food Bill	Local Transport	Date	Hotel/GH Charges*	Food Bill	Local Transport

(Please enclose original Air/Railway [III AC & above] ticket, Boarding Pass, Receipt for Hotel/GH charges, documents in support of other claims.)

PART – C : OTHER CLAIMS

Booking Exp. _____ Cancellation Fee _____ Registration Fee _____ Misc. Exp. _____

I, Dr./Mr./Ms. _____ hereby declare that the claims made above are based on the actual amount spent by me and have not been claimed by me and/or paid to me from any other source.

☐ the Air ticket was booked on _____ in the cheapest available flight [please √ if applicable.]

An advance of ₹ _____ was drawn by me vide Bill No. _____ may be adjusted against this claim.

Forwarded [to Finance & Accounts office].

₹ _____ may please be paid as Honorarium / Sitting Fees.

Signature of the HOD/HOC/HOO

E-Mail ID:- _____

Signature of the Claimant

(Please print page – 2 on the back of page – 1 in the same sheet)

FOR OFFICIAL USE ONLY

#	HEAD OF EXPENSE	ADMITTED BY F&A OFFICE	ADMITTED BY IA OFFICE
1	**Institute Travel Grant**		
a	Road mileage		
b	Air/Ship/Train/Bus Fare		
c	Booking/Canc. Expenses		
d	Lodging Expenses		
e	Boarding Exp. / Food Bills		
f	Local Transportation Exp.		
	Total of 1		
2	**Staff Training**		
3	**Honorarium / Sitting Fees**		
4			
	Grand Total		
5	**Less: Advance**		
	Payable (Recoverable)		

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Accountant Superintendent **AR (FA)**

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Jr. / Sr. Asst. Acct. / A.S. **AR (IA)**

Under Rs. …….. (Rupees ……

……

…….. only).

Asst. Registrar (FA)

Passed for Rs. …….. (Rupees ……

……

…….. only).

Registrar/Dean(FW)/Director

Dealing Asst. (Cash / Cheque)

Please pay by Cash / Cheque an amount as passed above by the competent authority.

Asst. Registrar (FA)

Paid by CASH / vide CHEQUE No. ……..

Dated – ……../……../20…….

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DA (Cash / Cheque) **Superintendent**

Received payment by CASH / vide CHEQUE as mentioned above.

Signature of the Receiver