Approved Forms for claiming Advances / Honorarium / Perks & Privileges / Personal Claims

References are invited to the Office Order No. GGSIPU/COF/2013/36 and GGSIPU/COF/2013/37 dated 10th April, 2013 whereby approved rates to Academic / Administrative / Examination and other activities in the University and Perks and Privileges to the University functionaries were notified. To streamline the payment process smoothly and quickly, standardized forms of various activities have been developed / modified and got approved from the competent authority. Henceforth enclosed performas will be used for all related activities in the University.

End: As above

(S.K. Tanwar)
Controller of Finance

FINANCE & ACCOUNTS DEPARTMENT
Guru Gobind Singh Indraprastha University
Sector-16C, Dwarka, New Delhi-110078
OFFICE ORDER

References are invited to the Office Order No GGSIPU/COF/2013/36 and GGSIPU/COF/2013/37 dated 10\textsuperscript{th} April, 2013 whereby approved rates to Academic / Administrative / Examination and other activities in the University and Perks and Privileges to the University functionaries were notified. To streamline the payment process smoothly and swiftly, standardized forms of various activities have been developed / modified and got approved from the competent authority. Henceforth enclosed performas will be used for all related activities in the University.

Encl: As above

(S.K. Tanwar)
Controller of Finance

Copy to:-

1. All Deans, GGSIPU(USBT/USCT/USBAS/USICT/USEM/USMS/USLLS/ USHSS/USE/UCMS)
2. All Directors, GGSIPU
3. All Heads of Branch / Deptt., GGSIPU
4. Controller of Examinations, GGSIPU
5. Superintending Engineer, UWD, GGSIPU
6. Librarian, GGSIPU
7. Dy. Registrar, Public Relation, GGSIPU
8. Chairman, UCITIM – requesting for uploading the same in the University Website under the link of Accounts Branch.
9. F.O.I/II Accounts Branch
10. Superintendent Engineer / Executive Engineer, UWD
11. P.S. to Vice Chancellor
12. P.S. to Registrar

(Vijendra Singh)
Section Officer (F&A)
<table>
<thead>
<tr>
<th>No.</th>
<th>Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Form-1</td>
<td>Requisition form for advance</td>
</tr>
<tr>
<td>2.</td>
<td>Form-2</td>
<td>For reimbursement of Land line/Mobile/Internet charges</td>
</tr>
<tr>
<td>3.</td>
<td>Form-3</td>
<td>For Re-imbursement of Hospitality Expenses</td>
</tr>
<tr>
<td>4.</td>
<td>Form-4</td>
<td>For reimbursement of cost for purchase of Mobile phone/Brief Case/Ladies Purse</td>
</tr>
<tr>
<td>5.</td>
<td>Form-5</td>
<td>Payment of Honorarium &amp; Conveyance</td>
</tr>
<tr>
<td>6.</td>
<td>Form-6</td>
<td>Claim form for attending the office on Saturday/Sunday &amp; Holidays and early arrival or late sitting</td>
</tr>
<tr>
<td>7.</td>
<td>Form-7</td>
<td>Claim/Receipt bill for Weekend programme/Guest faculty</td>
</tr>
<tr>
<td>8.</td>
<td>Form-8</td>
<td>Claim bill form for counseling/affiliation &amp; other duties</td>
</tr>
<tr>
<td>9.</td>
<td>Form-9</td>
<td>Conveyance-cum-Honorarium Register</td>
</tr>
<tr>
<td>10.</td>
<td>Form-10</td>
<td>Application Form for Drawal of Tour TA/DA Advance</td>
</tr>
<tr>
<td>11.</td>
<td>Form-11</td>
<td>Traveling Allowance bill for Tour/Seminar/Meeting etc.</td>
</tr>
<tr>
<td>12.</td>
<td>Form-12</td>
<td>Application Form for grant of LTC advance</td>
</tr>
</tbody>
</table>
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
Sector-16 C, Dwarka Delhi – 110078  
REQUISITION FORM FOR ADVANCE

1. Name: ___________________________
2. Designation & Employee Code: ___________________________
3. Mobile No.: ___________________________
4. Department/School: ___________________________
5. Amount of Advance: Rs. ___________________________ (Rs. in words)
6. Purpose of Advance: ___________________________
7. Date of Commencement of Activity: ___________________________
8. Date on Which advance is required (should be drawn usually not three days prior to its requirement): ___________________________
9. Expected Date of Completion of Activity: ___________________________
10. Nature of Advance (Cash or Cheque/Bank Transfer). If Cheque/DD payable to: ___________________________
11. Total Amount of Pending Advances: ___________________________
12. Details of Earlier Pending Advances and Reason for not rendering the account:

<table>
<thead>
<tr>
<th>(i) Amount</th>
<th>(i) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ii) Reason</td>
<td>(ii) Reason</td>
</tr>
<tr>
<td>(iii) Exp. Dt of Sub. of Settl. Bill</td>
<td>(iii) Exp. Dt of Sub. of Settl. Bill</td>
</tr>
</tbody>
</table>

13. It is certified that the above said advance has been entered in Deptt./School Advance Register.
I hereby undertake that unutilized amount will be deposited within 7 days of completion of activity and the bills against this advance will be submitted within 15 days of completion of activity.
I hereby further undertake that application of Income Tax Rules will be taken care of and TDS wherever applicable will be deducted at source and income on a/c of honorarium etc. paid to any Officer/Staff, the same will be reported to the salary deptt. immediately for inclusion in the PBR.

Signature of Drawee with date: ___________________________
Recommended by: ___________________________
(Name, Designation and Signature) ___________________________
Amount Sanctioned: Rs. ___________________________
Signature of Sanctioning Authority: ___________________________
(Name, Designation and Signature) ___________________________

Entered in Advance Register of Accounts Branch: ___________________________

For Account Division: ___________________________

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Ledger No.</th>
<th>Financial Year</th>
<th>Amount</th>
<th>Signature of DA</th>
<th>Signature of AAO</th>
<th>Signature of FO</th>
</tr>
</thead>
</table>

Received a Sum of: Rs. ___________________________
Signature of Drawee with Date: ___________________________
**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
Sector-16 C, Dwarka Delhi – 110078  
*
* For reimbursement of Land line/Mobile/internet charges  
**[strike out whichever not applicable]**

Department/Office of: .............................  
{V.C.Sectt./Registrar/COF/COE/Director/Deans of University Schools etc...}

For the month of .................................
Employee Code: .................................

<table>
<thead>
<tr>
<th>S.No. of sub-vouchers</th>
<th>Description</th>
<th>Bill No. &amp; date</th>
<th>Amount (Rs.)</th>
<th>For Use of Accounts Dept.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Amt. restricted to Rs. as per entitlement</td>
</tr>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(f)</td>
</tr>
<tr>
<td>1</td>
<td>Land Line</td>
<td>(.................................)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Mention the service provider)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mobile phone</td>
<td>(.................................)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Mention the service provider)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Internet</td>
<td>(.................................)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Mention the service provider)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(In words) Rupees ........................................... only.

Total  

# mention whichever is applicable
Certified that:-

1. I certify that I am entitled for re-imbursement of telephone/mobile phone/internet charges.
2. I certify that in accordance to my entitlement as indicated in S.No.1, I am availing the facility on post-paid basis from the service provider as stated in the bill above.
3. I certify that the expenditure included in this bill could not, with due regard to the interest of public service, be avoided.
4. I certify that to the best of my knowledge & belief, the payments entered in this bill have been duly made to the parties entitled to receive them and relevant sub-vouchers viz. post paid bill raised by the service provider and the receipt obtained thereof have been annexed.
5. I certify that the sub-vouchers have been verified/counter-signed by me, being the recipient of the said allowance.
6. I also certify that the monetary limits prescribed by the GGSIPU i.r.o. telephone/internet allowance *have not been exceeded/have been exceeded but the reimbursement be restricted to the monetary limit for which I am entitled.

*strike out whichever is not applicable.

PS/Dealing Assistant  
Name & signature of the entitled officer with office stamp.

(Note:- Bills i.r.o. V.C.Sectt. there is no financial limit for 1 to 4 above & receipts thereof will be verified/counter-signed by OSD to VC or P.S. to V.C is acceptable.)

FOR USE IN FINANCE & ACCOUNTS DEPARTMENT

I have checked the bill w.r.t. to the sub-vouchers and the same is found in order. The officer who has raised the bill is entitled for an amount as at col. (f) above (no limit in case of V.C. Sectt.)

Admitted for Rs. ........................................... for reimbursement chargeable to “Other Administrative Expenses – (a) Office Expenses – (xiv) Office Telephone Expenses/(xv) Internet Expenses” dg. the c.f.y. 20_ _ as per voucher attached.

Accounts Asstt./Accountant

Vetted w.r.t. standing orders. Expenditure may be sanctioned and the attached voucher Rs. ............... be passed.

Asstt. Accounts Officer (Pre-Check)

Expenditure Sanctioned and the Bill/voucher passed for payment.

Amount paid/reimbursed in cash/bank transfer

Finance Officer  
DDO  
Cashier
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
Sector-16 C, Dwarka Delhi – 110078  
{FOR RE-IMBURSEMENT OF HOSPITALITY EXPENSES}

Department/Office of:  
{V.C. Sectt./Registrar/COF/COE/Director/Deans of University Schools etc...}  
For the month of:  
201  
Employee Code: 

<table>
<thead>
<tr>
<th>S.No</th>
<th>Description</th>
<th>Bill No. &amp; date</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>3</td>
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<td>5</td>
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<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

Abstract of claim

<table>
<thead>
<tr>
<th></th>
<th>Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance drawn</td>
<td></td>
</tr>
<tr>
<td>Expenditure claimed (restricted to admissibility)</td>
<td></td>
</tr>
<tr>
<td>Bal. payment/reimbursement claimed</td>
<td></td>
</tr>
<tr>
<td>Rupees only</td>
<td></td>
</tr>
</tbody>
</table>

Certified that:-
1. to the best of my knowledge & belief, the payments entered in this bill have been duly made to the parties entitled to receive them and relevant sub-vouchers as mentioned in the bill have been annexed.
2. the sub-vouchers have been verified/countersigned by me, being the recipient of the reimbursement on hospitality expenses.
3. the monetary limits prescribed by the GGSIPU i.r.o. hospitality expenses *have not been exceeded/have been exceeded but the payment/reimbursement be restricted to the monetary limit for which I am entitled.

*strike out whichever is not applicable.

In case of computer generated cash bills, in addition to original bills, a legible photocopy of the same duly verified be attached.

P.S./Dealing Assistant

Name & signature of the entitled officer with office stamp.

FOR USE IN FINANCE & ACCOUNTS DEPARTMENT

I have checked the bill w.r.t. to the sub-vouchers and the same is found in order. The claim may be admitted/sanctioned for Rs....

Accounts Asstt./Accountant

Expenditure/reimbursement sanctioned

A.A.O  
F.O
Form - 4

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Sector-16 C, Dwarka Delhi – 110078
FULLY VOUCHED CONTINGENT BILL

*(For reimbursement of cost for purchase of Mobile phone/ Brief Case/ Ladies Purse)*
*Strike out whichever not applicable*

[Separate bills will be submitted for (Mobile phone/ Brief Case/ Ladies Purse)]

{V.C.Sectt./Registrar/COF/COE/Director/Deans of University Schools etc...}

For the month of: .............................................. 201   

Employee Code: ..............................................

<table>
<thead>
<tr>
<th>S.No. of sub-vouchers</th>
<th>Description</th>
<th>Bill No. &amp; date</th>
<th>Amount (Rs.)</th>
<th>For Use Of Accounts Dept.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>Amt. restricted to Rs. as per entitlement</td>
</tr>
<tr>
<td>1</td>
<td>Mobile phone purchase (............................) (Mention make/model of the mobile phones &amp; IMIE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Brief Case</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Ladies Purse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(In words) Rupees .............................................. ....... ..............................

# mention whichever is applicable  

Certified that:-

1. I certify that to the best of my knowledge & belief, the payments entered in this bill have been duly made to the parties entitled to receive them.
2. I certify that the sub-vouchers have been verified/counter-signed by me, being the recipient of the same.

PS/Dealing Assistant

Name & signature of the entitled officer with office stamp.

CERTIFICATE TO BE GIVEN BY STORES DEPARTMENT

This is to certify that the above referred items are as per entitlement of the claimant officer and have been entered in the stock register at page no. ....................... s.no. ....................... on. ..................

This is further certified that the claimant officer has not been reimbursed for the cost of purchase of Mobile phone/ Brief Case/ Ladies Purse during the last three/five years respectively.

Asstt. Registrar (Store)

FOR USE IN FINANCE & ACCOUNTS DEPARTMENT

I have checked the bill w.r.t. to the sub-vouchers and the same is found in order. The officer who has raised the bill is entitled for an amount as at col.

Admitted for Rs. .............................................. for reimbursement chargeable to "Other Administrative Expenses – (a) Office Expenses – during the financial year 20_ _", as per voucher attached.

Accounts Asstt./Accountant

Vetted w.r.t. standing orders. Expenditure may be sanctioned and the attached voucher Rs. ...................... be passed.

Asstt. Accounts Officer (Pre-Check)

Expenditure Sanctioned and the Bill/voucher passed for payment. Amount paid/reimbursed in cash/bank transfer

Finance Officer DDO Cashier
# Form for Payment of Honorarium & Conveyance

## Honorarium Bill

Honorarium of Rs. __________ (Rupees __________ only) for attending the meeting / programme / inspection convened by the GGSIP University on __________.

## Conveyance Bill

The undersigned attended the meeting / programme / inspection convened by the University and in this connection, I spent a sum of Rs. __________/- (Rupees __________ only) by traveling from (Residence/Office) using my own Car/Taxi.

Total amount of Honorarium & Conveyance: Rs. __________

### Name of the Deptt. Organized / conducted meeting / programme / inspection etc. :

________________________
________________________
________________________

(Verified by)

________________________

### Signature

________________________

### Name (In block letters)

________________________

### Designation

________________________

### Address

________________________

### Telephone No.

________________________

### PAN No.:

________________________

### In Case of Bank Transfer:

Bank A/c No.:

IFSC Code:

Bank Name:

This is certified that I shall count the aforesaid honoraria in my income for Income Tax purposes.

Received Rs. __________/- (Rupees __________ only) from GGSIP University, Sector 16C, Dwarka, New Delhi -110078.

(Please affix revenue stamp if claim is above Rs. 5000/-) 

(Signature of the Recipient)
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
Sector-16 C, Dwarka Delhi – 110078

Claim Form for attending the office on Saturday/Sunday & Holidays
and for early arrival or late sitting (Early coming before 7.00 AM/late sitting before 7.00 PM)
(To be filled up by University Employee/Officer)

1. Name of the official
   :

2. Designation & Employee Code
   :

3. Branch in which posted
   :

4. Pay Scale & Grade Pay
   :

5. Details of duty performed on Saturday/Sunday & holidays:

<table>
<thead>
<tr>
<th>Day &amp; Date</th>
<th>Arrival Time</th>
<th>Departure Time</th>
<th>Amount(₹)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Total

I hereby certify that,
(Delete whichever is not applicable)

1. I was not absent on Casual Leave during the period for which honorarium has been claimed.
2. I have actually attended the office on Saturday/Sunday & Holiday with prior approval of Head of Deptt., for which claim has been made.
3. I was called for early duty hour before 7.00 AM or to stay late after 7.00 PM with prior approval of Head of Department.
4. I have neither claimed any compensatory leave or nor availed any University vehicle facility in lieu of duty performed on above days. Also, I had not claimed any kind of honorarium of conveyance from any other department for the aforesaid timings.

Signature of claimant

1. Necessary entry has been made in the Conveyance-cum-Honorarium Register.
2. Counter Signed & certified that the necessary approval accorded for attending the office on Saturday/Sunday/Holidays & early arrival or late sitting as per detail given above, in the public interest to clear the unavoidable University work.
3. Claim of Rs. _______ (Rupees __________________ only) as per above detail, is hereby recommended/sanctioned for payment.

(Signature & Designation of the Head of Department concerned)  
(Signature & Designation of the Branch In-charge)

FOR USE IN FINANCE & ACCOUNTS DEPARTMENT

I have checked the bill with reference to his/her entitlement for number of days and claim found admissible for ₹ __________/-  
(Rupees in words _______________________).

DEALING ASSISTANT  
AAO/DDO  
FINANCE OFFICER
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
SECTOR-16 C, DWARKA DELHI – 110078  

CLAIM/RECEIPT BILL FOR WEEKEND PROGRAMME/GUEST FACULTY

1. Name of the Claimant 
2. Designation & Employee Code 
3. PAN Number 
5. IFSC Code 
   Bank Name: 
6. Residential Address 
7. Office Address 
8. Trimester/Semester 

9. a) In case of Faculty

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Rates per Credit/ Lecture/Semester/Project</th>
<th>Total Credits/Lectures/ Semesters/Projects</th>
<th>Total Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Subjects:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conveyance, if payment is made on hourly basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dean/Coordinator/ Asstt. Coordinator/ Project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Amount</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b) For Non-Teaching Staff

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Rates per Day</th>
<th>Total no. of Days</th>
<th>Total Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Asstt./ Tech./ Asstt./ Lab. Asstt./MTS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Received Rupees : Rs. _____ (Rupees in words ____________________________)  

Dated: ____________________________

• Kindly deduct tax as per applicable rates.
• I hereby undertake to show the income in my total income for income tax purpose.

Counter Signed  
Verified  
Signature of Claimant

Revenue Stamp for payments exceeding Rs. 5,000/- and above

Signature of Dean  
Signature of Co-coordinator

• Gross Payment admissible: Rs. ______
• TDS deducted: Rs. ______
• Net Payment: Rs. ______

Dealing Assistant  AAO/DDO  AO/FO
1. Name of the Claimant
2. Designation & Employee Code
3. PAN Number
5. IFSC Code

Bank Name:

6. Residential Address

7. Office Address

8. Brief of Counseling/Affiliation & other duties

<table>
<thead>
<tr>
<th>Dates (Working Days)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Total Number of Days

Dates (Weekends & Holidays)

<p>| | |</p>
<table>
<thead>
<tr>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Days

<table>
<thead>
<tr>
<th>Total no. of Days</th>
<th>Rates per Day for Honorarium</th>
<th>Rates per day for Conveyance (not admissible for campus residents)</th>
<th>Total Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working Days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekend / Holidays</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the work performed is occasional or intermittent character and so laborious or of such merit which justifies special rewards in the shape of Honorarium & Conveyance as per approved rates.

Counter Signed

Verified

Signature of Office In-charge

Signature of Branch In-charge

Signature of Claimant

- Gross Payment admissible Rs. __________
- TDS deducted Rs. __________
- Net Payment Rs. __________
GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
Sector-16 C, Dwarka Delhi – 110078  

CONVEYANCE-cum-HONORARIUM REGISTER  
(Details for early arrival before 7.00 AM/Late sitting after 7.00 PM) OR (Attending the office on Saturday/Sunday & Holidays)  
Section/Branch/Department ____________________________  

<table>
<thead>
<tr>
<th>Date and Day</th>
<th>Time of Arrival</th>
<th>Time of Departure</th>
<th>Brief nature of work assigned</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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Month End Report:  

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<th>Total</th>
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<tbody>
<tr>
<td>No. of early arrivals</td>
<td>@</td>
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<tr>
<td>No. of late sittings</td>
<td>@</td>
</tr>
<tr>
<td>No. of Saturday/Sunday &amp; holidays, whereon attended the office</td>
<td>@</td>
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<tr>
<td>Grand Total</td>
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Claim preferred on ___________ and verified for Rs. ___________.

Sd/-  
Sign. of Branch In-charge

et:-
1. Every staff/officer may be allotted a single page in this register for particular month.
2. The form for claiming conveyance for the sitting or honorarium for coming on holidays shall be filled once in a month on the basis of entries made in this register.
3. No claim for past payment of fraction of days shall be entertained.
4. While verifying the relevant claim forms, a note of the preferred claim shall be made in this register.
1. Name of Official

2. Designation & Employee Code

3. Present Basic Pay, GP & NPA

4. Ref. of tour as approval by competent authority (Detail of journey supported by sanction order)

5. Place of Posting: DWARKA / KASHMIRI GATE CAMPUS

6. Name of proposed touring stations
   And purpose

7. Period of Tour

8. Whether Regular establishment or contractual

9. (a) Mode of travel and class of accommodation to be used
   (b) Estimated expenditure:

   1. Train / Air Fare
   2. Accommodation
   3. Registration Fees
   4. Food / Local Travel

5. Contingent Expenditure

10. Amount of advance required
    (not exceeding 90 % of the proposed expenditure)

11. Whether the journey is performed in public interest
    with relaxation of norm and entitlement of class
    (please attach specific sanction in support)

   1. Certify that the above information furnished by me is true to the best of my knowledge and belief.
   2. I declared that there is no TA/DA adjustment is lying pending in respect of myself.
   3. I undertake to settle the advance within 30 days of completion of the tour.

Dated: 
Place: New Delhi

Signature
Traveling Allowance bill for Tour/Seminar/Meeting etc.

Note: This bill should be prepared in duplicate – one for payment and the other as office copy

PART – A (To be filled up by University Employee)

1. Name of University Employee

2. Designation

3. Basic Pay, GP & NPA

4. Head Quarters  GGSIPU, Sector-16C, Dwarka, New Delhi

5. Details and purpose of journey (s) performed

<table>
<thead>
<tr>
<th>Departure Date &amp; Time</th>
<th>Arrival Date &amp; Time</th>
<th>Mode of Travel &amp; class of accommodation used</th>
<th>Fair Paid</th>
<th>Distance in Kms for road mileage</th>
<th>Duration of Halt</th>
<th>Purpose of Journey</th>
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<td>5</td>
<td>6</td>
<td>7</td>
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</table>

6. Date of absence from place of halt on account of
   (a) R.H. and C.L.
   (b) Not being actually in camp, training, seminar etc. on Sundays and holidays
7. Particulars to be furnished along with hotel receipts, etc., in cases where D.A. is claimed for stay in hotel / other establishments providing board and / or lodging at scheduled tariffs/complimentary.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Period of Stay</th>
<th>Name of the hotel</th>
<th>Daily rate of lodging charged in Rs.</th>
<th>Food Bill of any supported with receipt</th>
<th>Total amount Paid Rs.</th>
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<td>From</td>
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8. Amount of T.A. advance, if any, drawn Rs.

Certify that the information, as given above, is true to the best of my knowledge and belief.

(                     )

Signature of Employee

DATE

CERTIFICATE

1. Certified that I was neither allowed free transit by Rail under free pass nor otherwise provided with means of communication at expense of the state or Local Bodies journey for which T.A. has been claimed in this bill.

2. Certified that I actually traveled by the class for which T.A. has been claimed in this bill.

3. Certified that I was actually constructively remained camp/seminar/training on Sundays and holidays for which daily allowance in claimed.

4. Certified that I was not absent on Casual Leave during the period for which daily allowance has been claimed.

5. Certified that I incurred running expenses in a car for which claimed in this bill for journey.

6. Certified that the road journeys for which kilometer has been claimed at the higher rates was performed by my own car in the public interest documentary evidence in its report is enclosed with this claim.

7. Certified that the road journeys for which mileage is claimed were performed by road but were charge by rail. The Number of kilometers actually traveled by road being

(                     )

Signature of claimant
PART - B Calculation Sheet (to be prepared by Accounts Department)

1. The net entitlement on account of Traveling Allowance works out to Rs. ____________ as
detailed below in respect of Sh./Smt./Ms. ________________ Designation
______________ on account of traveling from ____________ to ____________ in
connection with ____________.

   (a) Railway/Air/Bus/Steamer fare Rs. ________________

   (b) Road Mileage for ________________ Kms.
       @ ________________ per/kms.

   (c) Accommodation Charges.
       ________________ day @ Rs. ________________ per day.

   (d) Food Bills

       ________________

       ________________

   (e) Actual expenses Rs. ________________

       Gross Amount Rs. ________________

   (f) Less amount of T.A. advance, if any Rs. ________________

   ________________

   Net Amount Rs. ________________

This is certified that all the supporting voucher, sanction of competent authority to perform the journey is
available with the claim under process.

Initial of Bill Check

A.A.O.

F.O.

COF/Registrar
Application Form for grant of LTC Advance
(To be filled in by the University Employee concerned)

1. Name of Official
2. Designation & Employee Code
3. Date of Joining
4. Present Basic Pay, GP & NPA
5. Whether permanent or temporary
6. Home Town as recorded in the Service Book
7. Whether wife/husband is employed and if so whether entitled to LTC
8. Whether the concession is to be availed for visiting home town and if so block for which LTC is to be availed.
9. (a) If the concession is to visit anywhere in India, the place to be visited.
   (b) Block for which to be availed.
10. Single rail fare/bus fare from the headquarters to home town/place of visit by shortest route.
11. a) Mode of travel and class of accommodation to be used
   (b) Estimated expenditure of Train/ Air Fare
11. Persons in respect of whom LTC is proposed to be availed.

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<tr>
<th>S.No.</th>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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12. Amount of advance required.: Rs.

- I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of the advance.
- In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance, I undertake to refund the entire advance in one lump sum.

Dated: ____________________________
Place: ____________________________
Signature of Employee