Ref. No.:(To be filled at TEQIP Office) Date:



BIRLA VISHVAKARMA MAHAVIDYALAYA (BVM) ENGINEERING COLLEGE VALLABH VIDYANAGAR -388120,GUJARAT,INDIA TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME (TEQIP – III)

Subcomponent 1.3: (Twinning Arrangements to build Capacity and Improve Performance of Participating Institutes)

Format For Claiming Reimbursement under TEQIP-III for Outside Experts

Name and designation of the applicant :		
Company / Institution Name :	Vendor ID (generate	ed by PFMS) :
Event Name (description in brief):		
Date and Duration of the Talk / Event:		
Ref. No. and date of Approval of Proposal (attach a copy):		
Also attach a copy of office order		
Sr. Particulars	Amount (INR)	Remarks (if any)
1 Total of Travel Cost (to be detailed overleaf)		
2 Honorarium		
3 Others (specify):		
Tota Advance Withdrawn (as mentioned in the Proposal attached)	_	Dated:
Difference amount to be claimed / returned		Dateu.
 I abide to return the received amount in part or full in case of authority in future. I hereby enclose vendor detail form. Signature of Applicant: (Submit complements) X	ted form to the TEQII	P office.)
Signature of HOD/ Task Manager :, (verified that the norms & approval has been taken for this event.)	utilization of the fun	d is as per TEQIP-III
Passed for amount (INR): (Rupees	= =	
Sign of Head clerk/ Account, BVM Office: Nodal Of		

Final Claim-2 (Outside Expert)

Ref. No.:	(To be filled at TEQIP Office)	Date:

Α. [Details of Trav	<u>/el</u>							
		<u>Particula</u>	rs of journey			Kind of	Distance	Whether	Fare Paid
	Departure			Arrival		journey i.e.	in km	vehicle (Rs.)	(Rs.)
Station	Date	Hours	Station	Date	Hours	by Rail, Bus,		provided	
						Rickshaw,		by TEQIP	
						Taxi etc.		(Yes/ No)	
								Total of (A)	
# In case of t	raveling by air	through a	n airline other	than Air India:					
				ng the two plac					
				ia flights?					
		ne of your	travel was mor	e economical tl	han the econor	my class of Air Inc	dia airline?	Yes,	/No
	oll tax paid	I -		_		T	<u> </u>		
Da	ite	ŀ	rom	То		Amount		Remark	
Total amou	nt of Toll tax p	oaid as pe	r attached red		otal of (B)				
				Total of Am	ount A + B				

Note:

- 1. Original Boarding Passes/Tickets (Including Train, Bus etc.) fare receipts of Taxi, Toll Tax Receipts (Originals & photocopies), and Auto / Bill of Hotel & Food charges are to be submitted along with this form. All photocopies are required to be self-attested by the applicant. Please paste all small sized bills/receipts on a plain A4 size paper.
- 2. If you have travelled by your own car, attach a copy of the vehicle registration certificate (RC) along with this form.

Dated signature of the applicant: Sign of Head clerk/ Account, BVM Office:
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