



VIGNAN'S INSTITUTE OF ENGINEERING FOR WOMEN

Kapujaggarajupeta, VSEZ (Post), Visakhapatnam – 530 049

CLAIM FORM

Name Claimant :
 Designation & Department :
 Nature of Duty : Conference/Workshop/FDP/Other (Pl.specify).....
 Name of the Con./WS/FDP :
 Title of the Paper (if, Conference) :

1. JOURNEY DETAILS (ONWARD/RETURN)

Details	Onward Journey		Return Journey	
	From	To	From	To
Place				
Date & Time				
Distance				
Mode of Travel				
Class				
Fare (Rs)				

2. STAY/ACCOMMODATION DETAILS

Duration	From:	To:		
Per day Rate	Rs.	No. of days	Total Amount	Rs.
Free Boarding and lodging availed: <input type="checkbox"/> YES <input type="checkbox"/> NO				

3. DEARNESS ALLOWANCE

D.A. Per day	Rs.	No. of days	Total Amount	Rs.

4. Registration Fees (in case of reimbursement only)	Rs.

Certified that the above amount claimed towards my travel is actually incurred by me. The same may be reimbursed as per the rules.

Head of the Department

Signature

(For Administration Office use)

Sl. No.	Item of expenditure	Amount
1.	Travelling Expenses	
2.	Accommodation	
3.	DA	
4.	Registration fees	
5.	Other	
	Total	
	Less advance paid	
	Net payable	

Accountant

Cordinator-R&D

Dean-Admin

Principal