**Form: R5**

**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. **Budget Head:** ……………………………………………………………………………………….

4. **Bank details for transfer into bank account**:

 **(i). Account holder (Beneficiary Name)**: …………………………………………………………

 **(ii). Beneficiary Full Address**: ………………………………………………………………………

 **(iii). Bank name**: ……………………………………………………………………………………...

 **(iv). Bank Address**: ……………………………………………………………………………………

 **(v). Account no.**: ……………………………………………………………………………………..

 **(vi). IFS code**: ………………………………………………………………………………………….

 **(vii). Swift code** : ………………………………………………………………………………………

 **(viii). IBAN code**: ………………………………………………………………………………………

 **(ix). Swift code of Intermediary Bank, if any & Beneficiary** ……………………………………

 **Bank account No.. With Intermediary Bank**: …………………………………………………

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

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

**6. 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 (`)** |  |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Date** | **Bill details** | **Amount (`)** | **Sr. No.** | **Date** | **Bill details** | **Amount (`)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Total (`)** |  |

**8. Sitting fees/ Honorarium:** **……………………………**

**9. 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……………………………………………………..

Jr. Assistant Sr. Assistant/Superintendent AR/DR/JR Registrar