**INDIAN INSTITUTE OF TECHNOLOGY INDORE**

**Form: R6**

**TRAVEL SCHEDULE CUM ADVANCE APPROVAL REQUEST**

|  |  |  |
| --- | --- | --- |
|  | 1. **Name of the Applicant**
 |  |
|  | 1. **Designation & Department**
 |  |
|  | 1. **Pay Level**
 |  |
|  | 1. **Place of visit**
 |  |
|  | 1. **Purpose of visit**
 |  |
|  | 1. **Period of visit**
 | **From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **7. Departure** | **Arrival** | **Schedule of Tour** | **Estimated Fare (Rs)** |
|  | **Date & Time** | **Place** | **Date & Time** | **Place** | **Mode & Class of Travel** |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 8. Please specify the budget head for expenditure is incurred | Project ( ) RDF( ) Department ( ) CPDA ( ) Others ( ) |
|  | (Please specify other source/Project No. if applicable) |
|  | 1. Estimated Travel expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Estimated other expenses (including local travel, accommodation etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 **Total Advance (i+ii) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I hereby undertake:(i) not to extend stay without prior approval of the Sanctioning Authority; |  |
|  | (ii) to submit the adjustment bill for the above advance, if taken, immediately on return ( Strike off if not applicable) |  |
|  | (iii) I have submitted the TA/DA advance adjustment bills for previous tour(s). |  |
|  |  It is requested that the tour programme may kindly be approved. TA/DA and contingent advance as above may be sanctioned and paid. |  |
|  |  |  |  |
|  | Date - | **Signature of Touring Officer** |  |
|  |  |  |
|  |  |  |  |
|  |  | **Recommending Authority (if applicable)**  |  |
|  |  | Approved & Sanctioned |  |
|  |  |  |  |
|  |  | **PI/Registrar /HoD/Dean/Director** |  |
|  | **Other than Air India Approval** If the journey to be performed by a class higher than admissible/airlines other than Air India, please specify the proposed class/airlines and specific reason for the same may be given below. |  |
|  | For consideration and approval please. |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Signature of Touring Officer Dean of Administration** |  |  |
|  |  |  |  |