**Form: R4**

**INDIAN INSTITUTE OF TECHNOLOGY INDORE CLAIM FOR REIMBURSEMENT OF LOCAL CONVEYANCE**

|  |  |
| --- | --- |
| Name of the Applicant |  |
| Designation & Department |  |
| Bank Account No. |  |
| Bank Name |  |
| Branch Name & IFS Code |  |
| Budget Head | Project ( ) RDF ( ) Departmental ( ) CPDA ( ) Others ( )  |
| (Please specify other source / Project No. if applicable) |
| **S. No.** | **Date of Journey** | **Particulars** | **Mode of Transport** | **Distance (Km.)** | **Amount (In Rs)** |
| **From** | **To** |
| 1 |  |  |  |  |  |  |
| **Purpose** |  |  |
| 2 |  |  |  |  |  |  |
| **Purpose** |  |  |
| 3 |  |  |  |  |  |  |
| **Purpose** |  |  |
| 4 |  |  |  |  |  |  |
| **Purpose** |  |  |
| 5 |  |  |  |  |  |  |
| **Purpose** |  |  |
| \*Note: The purpose of the travel shall be indicated below for each journey performed. | Total Claim (Rs) |  |
| **Signature of the Applicant:** |  |
| Declaration by in-charge of Transport Section and Recommending AuthorityCertified that Prof. / Dr./Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has attended the office work as indicated above and journey performed by him/her was essential and institute transport was not available/ utilized for that journey. |
| Signature (In-charge, Transport Section) |
| Signature of Recommending Authority | Signature of Approving Authority having financial power |
| **(FOR FINANCE OFFICE USE)** |
| Amount claimed (Rs) |  |
| Net claim passed for (Rs) |  |

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