**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