**INDIAN INSTITUTE OF TECHNOLOGY INDORE**

**Consultancy Project (Disbursement Form)**

|  |  |  |
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| **Sl.** | **Contents** | **Details** |
| 1 | Name of employee (Write in Block Letters) |  |
| 2 | Employee Id No & EPBX No. | Id No. Internal Phone No. |
| 3 | Title of Project  |  |
| 4 | Industry/client |  |
| 5 | Total Project Cost |  |
| 6 | Consultancy Fees Amount |  |
| 7 | CPTS |  |
| 8 | Operational Expenses |  |
| 9 | Registration no. /File no. ( for office use) |  |
| 10 |  **Project : T category (Testing Projects) ( ) / E category (Expert advice and Development Project ( √ )** |
| **Request you to kindly transfer my share of consultancy fee into my salary account for the consultancy project undertaken by me as follows:** |
|  | **Particular** | **Amount in (Rs.)** |
| 1 | Disbursement from Consultant Fee (As per project cost sheet) |  |
| 2 | Less :Disbursement from Personnel Employed in Technical Services (CPTS)  |  |
|  | **Name of the Employee** | **Employee ID No.** |  |
| I |  |  |  |
| II |  |  |  |
|  | Less :Disbursement from operational expenses  |  |
|  | Total Amount  |  |
|  | **Net Total Amount to be Reimbursed🡺** |  |

 **Declaration:-**

 It is certified that the consultancy Project has successfully completed, and report is submitted to client on ---/----/-------.

Signature of Consultant/ Principal Investigator Signature of HOD

|  |
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| **For use of R & D Department** |
| **Sr. No.**  | **Particular** | **Amount (Rs.)** |
| 1 | Operational Expenses as on Date (Opening Balance) |  |
| 2 | Actual amount of O.E passed |  |
| 3 | Operational expenses (Closing Balance) |  |

Dean R & D

To: Accounts for Payment