**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** |  | | |
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|  | 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. | | | | | | | | |  |
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|  | Date - | | | | **Signature of Touring Officer** | | | | |  |
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|  |  | | | | **Recommending Authority (if applicable)** | | | | |  |
|  |  | | | | Approved & Sanctioned | | | | |  |
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|  |  | | | | **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. | | | |  | | | | | |
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| **Signature of Touring Officer Dean of Administration** | | | | | | | | |  |  |
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