**PLEASE TYPE IN THE REQUIRED DATA**

**Type (please tick)** : **Faculty Internal Faculty External Resource Person**

**Name** :**Dr/Mrs/Mr**.................................................................................**Designation**..............................................................

**Department** :.................................................................................**Organisation**.............................................................................

**Basic Pay /Grade Pay** :...................................................................................................................................................................................

**Account Details**  : ***Please fill in form 2 Vendor Information***

**TA/DA etc. claimed for** :................................................................................................................................................................................... ...................................................................................................................................................................................

**Details of Travel\*\***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SL.**  **No.** | **From** | **Date & Time** | **To** | **Date & Time** | **Mode of Travel** | **Distance(km)** | **Fare (`)** | **Ticket Detail** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Total = |  |  |

**\*\* attach tickets/boarding passes/lodging bills, vouchers etc in original in support of your claim.**

**Certified that**

1. All the details provided above are true.

**Signature of Faculty/Resource Person**

**ACKNOWLEDGEMENT**

Received through PFMS online transfer sum of **`**.\_\_\_\_\_\_\_\_\_ /- from Principal Assam Engineering College, towards TA for the above purpose.

(Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

**Affix revenue stamp if claim is above Rs.5000/-**

**Signature of Faculty/Resource Person**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(For TEQIP-III Office use only)**

**Passed for** Travel Cost **`**....................................... **PFMS Vendor Unique Code........................................**

Net Payable **`**........................................

In Words (Rupees ....................................................................................................................................................................

............................................................................................................................................................................only)

**Payment Advise No and date:**

**Nodal Officer Finance (TEQIP-III) Coordinator (TEQIP-III) Project Director (TEQIP-III)**