

B. Other Expenses e.g. Lodging, Boarding, Registration fee, Visa fee, Insurance etc.

S.No.	Particulars	Amount Paid	Receipt Details

Certified that

- All claims mentioned in this form correspond to actual expenditure incurred by me for which no reimbursements/claims have been made from any other source (Govt./Private/Others).
- I was not provided with any free boarding/lodging/conveyance/registration fee waiver/travel coupons for which claim has been made.

Signature of the Claimant with Date
Mobile No. _____

No. of enclosures _____

Certified that the claimant has made the travel and other expenses in connection with the work related to the project/consultancy.

Signature of P.I./C.I.
Name: _____
Date: _____
Mobile No: _____

I certify that the leave of kind due was sanctioned to the claimant.

Head of the Dept./Centre
(in case of Institute employees)
Name:

A.R. (IRD A/c)