



Outstation Travel Claim Form

Name :
 Designation (Faculty / Staff / Student) :
 Purpose of Travel :
 Source of Funding :
 (Institute's Funds/PDA/Research Project/Others, please specify) :
 Support i.e. accom., hospitality etc. Received from Other Sources (please certify) :
 Travel Approved by (please mention approval document- e-mail etc.) :
 Advance Drawn, if any :
 Whether email has been sent to news-research@iiitd.ac.in with short note? :

	Details of Claims
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I Air/Train/Taxi/Bus Fare etc.							
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From		To		Mode of Travel	PNR/Air Ticket No.	Amount (INR)	Document in Support Attached (Yes/No)
Place	Date & Time of Departure	Place	Date & Time of Arrival				
Total (I)							

In case document in proof of travel is not attached please certify inability to produce the same with reason thereof.

II Accomodation / Hotel						
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Name of the Hotel	Duration of Stay		Bill No.	Bill Date	Amount (INR)	Document in Support
	From	To				
Total (II)						

III Other Claims				
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Particulars	Details	Amount (INR)	Support
Conference Registration Charges			
Visa Fee			
Insurance Charges			
Others, if any (please specify)			
Total (III)			

IV DA/Per-diem					
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Country and Place	Period of Claim		Claimed at the rate of (INR / USD per day)	Amount (INR)	Remarks, if any
	From	To			
Total (IV)					

Total Amount Claimed (I+II+III+IV)	
Less: Advance Drawn	
Reimbursement Claimed	

(Signed) Date:	(Approved by) PI / Advisor
Date:	

For Use of the F&A / IRD Division

Source of Funding (as mentioned above)	
Head of Expenditure	
Funds Available under the Head	
Amount Admissible	
Less: Advance	
Amount recommended for Reimbursement/Recovery	