File Page No.\_\_\_

FORM: VSSUT/SRIC/05H (P-1) SRIC: STANDARD OPERATING MANUAL-2019



No. V	/SSUT/ / /20	Date:		
	PAYMENT FOR TRAVEL ALLO	WANCE AND DAILY ALLOWANCE		
1.	"Head of Account"	Recurring (sub head: Travels)		
2.	Name of Funding Agency:			
3.	Scheme of Project Grant:			
4.	Project Title:			
5.	Sanction Order No. and Date:			
6.	Name of Principal Investigator (PI):			
7.	Department:			
8.	Name and designation of the Person Travelling:			
	(if other than PI)			
9.	Total Amount of Approved Grant: ₹			
10.	Total Approved Amount under Recurring: ₹			
	(sub head: Travels)			
11.	Total Amount Spend so far:	₹		
12.	Total Balance Amount so far: ₹			
13.	Total Travel Expenses Claimed (Enclose P-2):	₹		
14.	Mention amount of Advance Taken & Date:	₹		
15.	Balance to be Paid or Refunded:	₹		

This is certified that I have travelled as per the itinerary enclosed (p-2) for the purpose of the project. During my travel, I have completed the task as enclosed (p-3). This is submitted and recommended for pass and payment for an amount as mentioned in #13 above out of project grant.

Principal Investigator	Co-Investigator	Head of the Department	
(Attach duly filled up P-2 & P-3 of this form.)			
FOR SRIC OFFICE USE ONLY			
Remarks: Verified the details mentioned above and found satisfactory. Recorded in the project file no:			

Dealing Assistant	Dealing Assistant Associate to Dean (SRIC			
Approved by Vice-chancellor on Date:				
Submitted for pass and payment of the amount:				
Under ₹ Passed for payment of ₹		(Rupees		
only) and Paid vide Cheque No.		Date:	Voucher no.	Entered in cash book page No.
RTGS/NEFT UTIR No.		Date:	of Bank Name:	

Dealing Assistant

Comptroller of Finance

File Page No.\_\_\_\_

## FORM: VSSUT/SRIC/05H (P-2) SRIC: STANDARD OPERATING MANUAL-2019



## DETAILS OF TRAVEL

Date & Time	From-To Station	Mode of	Stay at a station	Total estimated
		Travel	(Yes/NO)	Expenses (₹)
А.	Total Travel Expenses			
A.	Total Traver Expenses			
В	Accommodation Charges			
-				
С	Local conveyance			
D	No of days for which DA shall be			
	claimed			
	Total Amount (₹) (A+B+C+D)			
	Total Amount in words (Rupees			•

Principal Investigator

(NB: Attach extra sheets if necessary)

Co-Investigator

Head of the Department

File Page No.\_\_\_\_

FORM: VSSUT/SRIC/05H (P-3)

## SRIC: STANDARD OPERATING MANUAL-2019

## DETAILS OF WORK COMPLETED DURING TRAVEL (TOUR DIARY)

Sl.	Date	Stay at a station	Details of Work Completed
No.		(Yes/NO)	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Principal Investigator

Co-Investigator

Head of the Department

(NB: Attach extra sheets if necessary)

