

Travel Claim Form

PROJECT NUMBER: _____

NAME: _____ ID / ROLL NO: _____

DESIGNATION: _____ EMAIL ID: _____

PURPOSE OF VISIT: _____

PLACE OF TRAVEL: _____ CONTACT NO: _____

(Consolidated Pay / Pay level): _____)

(Advance drawn: _____)

Travel Details

S. No.	Travel Details	Document (s) in Support Attached (Yes / No)	Start Date	End Date	Amount as per claim (in Rs.)	Amount as per Norms (in Rs.)
1.	AIRFARE (To and Fro)					
2.	TRAIN/BUS FARE (To and Fro)					
3.	TAXI / AUTO / CAB FARE (Own transport usage – Km charges - Only for local travel)					
4.	ACCOMMODATION					
5.	VISA FEE					
6.	REGISTRATION FEE					
7.	TRAVEL INSURANCE					
8.	FOOD / PER DIEM					
9.	MISC EXPENSES					
Total Claim in Value in Rs. _____. Rupees in words _____ only.					Total Claim Value as per Norms in Rs. _____.	

Payee Bank Details

Name as per Bank Account:	
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1	Bank Name:	
2	Branch Address:	
3	Account No/IBAN No.	
4	IFSC/SWIFT Code	
5	Beneficiary address (For Foreign payment)	

JUSTIFICATION:

- In Lieu of boarding pass, the respective form can be filled in and submitted. Link: <https://icsr.iitm.ac.in/admin/upload/forms/1596687474.pdf>
- originals must be submitted.
- In the case of road travel between places connected by rail, travel by any means of public transport is allowed provided the total fare does not exceed the train fare by the entitled class.

CERTIFICATE

1. Certified that the claim in this bill has not been claimed or will not be claimed in any other bill from any other source.

Countersigned:

**(Project Investigator)
Seal & Signature**

**(claimant)
Signature**