CASH ADVANCE REQUISITION SLIP

Name: __________________________________ Designation: _____________________ Emp. Code: ________
Department:______________________________ School : __________________________________________

Norms of advance:
1). I will submit authentic bill for every expense carried out; 2). The imprest will be adjusted before ______, if not settled within given time it may be transferred/treated as personal advance and may be deducted from salary.

Sir, Kindly provide sum of Rs._______________ (in words)__________________________ as an Advance against My: SALARY ACCOUNT ☐ IMPREST ☐ for the purpose of: _________________

________________________
Signature of Applicant

Approved Rs._____________ (in words)____________________________________________ as an imprest,
to be adjusted on or before ___________ (Date)

CF & AO Registrar Provost
# Travel Expenses Report

<table>
<thead>
<tr>
<th>Name of School:-</th>
<th>1. Purpose of journey:-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department :-</td>
<td>Name:-</td>
</tr>
<tr>
<td></td>
<td>Designation:-</td>
</tr>
<tr>
<td></td>
<td>Employee Code:-</td>
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| Approved for Rs.__________________________ |
| In words:________________________________ |

3. Journey Verified by:-

Name:-
Designation:-
Employee Code:-
Signature:-

(A) Details of Journey:-

<table>
<thead>
<tr>
<th>Departure</th>
<th>Arrival</th>
<th>Mode &amp; Class</th>
<th>Ticket/PNR No</th>
<th>Amount (INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Time</td>
<td>Station</td>
<td>Date</td>
<td>Time</td>
</tr>
</tbody>
</table>

Total (A)

(B) Halting Allowance / Hotel / Food Expenses:

<table>
<thead>
<tr>
<th>Station</th>
<th>Place of Stay</th>
<th>Rent DA</th>
<th>No of Days:</th>
<th>Amount (INR)</th>
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</thead>
<tbody>
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</table>

Total (B)

(C) Local Conveyance & Other Charges:

1.                              Amount (INR)
2.                              
3.                              
4.                              
5.                              
6.                              
7.                              
8.                              
9.                              
10.                             Total (C)

I undertake & confirm that:

1. This bill has been prepared as per prevailing norms.
2. No claim for this bill has been made so far.
3. Necessary details of expenses & purpose of journey is enclosed

Advance taken on __________ Rs.__________ Net Amount Payable / Receivable
Approved for Rs.__________
In words:____________________

Signature of Claimant:-____________________
Date:-____________________

Authorised Signature: CF & AO