**Indian Institute of Technology Mandi**

**Kamand, H.P.-175005**

**PROFORMA FOR REIMBURSEMENT OF FACULTY RESEARCH FUND FROM SCHOOL**

**Name…………………………………………… Designation…………….............. Emp.No…………………………………**

**School…………………………………………..**

# DETAILS OF REIMBURSEMENT CLAIM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Item** | **Supplier** | **Bill/Cash memo/receipt no. with**  **date** | **Amount (Rs)** |
|  |  |  |  |  |
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**CLASSIFICATION OF ABOVE EXPENDITURE**

|  |  |
| --- | --- |
| I. Chemicals | Rs |
| II. Salary to Project Staff/Ph.D Scholar/Honorarium etc. | Rs |
| III. T.A Bills of Conferences | Rs |
| IV. Lab Equipments | Rs |
| V. Desktop/Laptops/Computer Peripherals /Computer consumables | Rs |
| VI. Others (Please Specify) | Rs |

**Total Rs**

Date: Signature

Passed for payment\*

Head of school

\*(Payment to be released after pre-audit)

# AUDIT DEPARTMENT FINANCE & ACCOUNTS DEPARTMENT

F&AO/ Registra

Jr.Acctt

…………………………………..

…………………

Passed for payment Rs…………………….........

Transferred in the bank a/c on…………………

Cheque no. & date……………………………........

(if paid by cheque)

AR (Audit & Accounts)

Pre-audited for Rs……………………....

Financial Year ……………………………..

**NOTE:** 1. Others do not include Mobile/Telephone/Internet charge reimbursement.

2. If the number of items is more, please enclose a separate sheet.