



अनुसंधान एवं विकास अनुभाग, भारतीय प्रौद्योगिकी संस्थान रोपड़  
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R&D AC-02 Form

यात्रा भत्ता प्रतिपूर्ति एवं निपटान प्रपत्र

तारीख/Date: \_\_\_\_\_

TRAVELLING ALLOWANCE REIMBURSEMENT AND SETTLEMENT FORM

नाम/पदनाम: Name/Designation:		विभाग: Department:	
अग्रिम तिथि (यदि कोई हो) Date of Advance(if any):		अग्रिम राशि: Advance Amount:	
एसबीआई बैंक खाता संख्या SBI Bank A/c No.		ईमेल आईडी/संपर्क: Email ID/Contact:	
आई.एफ.एससी कोड IFSC Code:		परियोजना का नाम/सं. Project Name/No.	
कर्मचारी कोड/वेतन स्तर: Employee Code/Pay Level:		बजट प्रमुख: Budget Head:	
यात्रा का उद्देश्य: Purpose of Travel:			
Check List	1. Duly filled in form is submitted within 15 days of travel completion (If advance drawn). Late submission may attract interest. 2. Duly signed Original GST Taxi Bills/Tickets and Boarding Pass (in case of Air travel) are enclosed. 3. Travelled by own vehicle: En route Toll Receipt/s enclosed. 4. Digital Payment Receipt/s enclosed.		

शहरों/देशों के बीच स्थानीय यात्रा/निवास/होटल/बस स्टैंड/रेलवे स्टेशन/हवाई अड्डे आदि सहित यात्राएँ (क्रम में प्रारंभ से अंत तक):

Travels between Cities/Countries including local to and from/to Residence/Hotel/Bus Stand/Railway Station/Airport etc. (Start to End Point in sequence):

Departure			Arrival			Travel Mode	Distance	Fare (₹)	PNR/Ticket No.	Remarks(If any)
Date	Time	Place	Date	Time	Place					

यदि कोई हो तो अवधि और दिनों की संख्या बताएं, जिसके लिए दावेदार डीए का दावा नहीं करना चाहता: (छुट्टी या अन्य कारण, विदेश यात्रा के मामले में):

Indicate period and number of days if any, for which the claimant doesn't want to claim DA: (Leave or other reasons, In case of foreign Travel):

कोई अन्य खर्च (आवास, भोजन, पंजीकरण शुल्क, वीजा शुल्क, बीमा, आदि)/Any other expenses (Lodging, Boarding, Registration fee, Visa fee, Insurance, etc.)

S/N	Particulars	Amount Paid	Receipt Details

प्रमाणपत्र/Certified that:

प्रस्तुत दावे मेरे द्वारा किए गए वास्तविक व्यय के अनुरूप हैं जिसके लिए किसी अन्य स्रोत (सरकारी/निजी/अन्य) से कोई प्रतिपूर्ति/दावा नहीं किया गया है।

Claims submitted correspond to actual expenditure incurred by me for which no reimbursement/claims have been made from any other source (Govt./Private/Others).

मुझे कोई निःशुल्क बोर्डिंग/आवास/वाहन/पंजीकरण शुल्क छूट/यात्रा कूपन प्रदान नहीं किया गया जिसके लिए दावा किया गया है।

I was not provided with any free boarding/lodging/conveyance/registration fee waiver/travel coupons for which claim has been made.

(दावेदार का हस्ताक्षर/Signature of the Claimant with Date)

(परियोजना प्र. अन्वेषक दिनांक सहित हस्ताक्षर)  
Signature of Project PI/Journey verified and forwarded

Encl. Details.:

### **UNDERTAKING**

(To be submitted in all cases of air travel where the Government of India bears the cost of air passage)

Ref: Dept. of Expenditure, Ministry of Finance, Govt of India O.M. No. 19024/ 03/2021-E.IV dated 31-12-2021, O.M. No. 19024/ 03/2021-E.IV dated 16-02-2022

O.M.No. 19024/03/2021-E.IV dated 16-06-2022, as amended from time to time.

I Certified that:

a) I have purchased the air tickets from one of the the following three Authorized Travel Agents viz. (tick ☐ whichever is applicable)

i) M/s Balmer Lawrie & Company Limited (BLCL),

ii) M/s Ashok Travels & Tours (ATT)

iii) Indian Railways Catering and Tourism Corporation Ltd. (IRCTC)

b) Further, I have opted for the 'Best available fare' on the date of booking on the basis of tour programmed as per my entitlement.

c) I have booked the Non-stop flight in a given slot at the time of booking.

d) I have not booked the tickets within less than 72 hours of intended travel on Tour, if booked Self declared justification is provided.

e) I have fulfilled other terms and conditions mentioned in above referred Govt. of India instructions on the matter, as amended from time to time.

(Signature of claimant)

Name : \_\_\_\_\_

Place: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

### **लेखा अनुभाग द्वारा उपयोग के लिए/ For use by Accounts Section**

राशि कॉलम भरने से पहले, अलग शीट तैयार की जाएगी और संबंधित अधिकारियों/कर्मचारियों द्वारा जांच की जाएगी। आंकड़ों में किसी प्रकार की कटिंग एवं ओवर राइटिंग नहीं होनी चाहिए।

Before filling in Amount column, separate Sheet to be prepared and checked by the concerned Officials/Officers. There should be no cutting and overwriting in the figures.

S/N	Particulars	Rate	(₹) Amount	Remarks (If any)
A	Actual fares(Air/Train/Road)			
B	Road Mileage	₹/KM_____		
C	Daily Allowance	₹/Day_____		
D	Food expenses and Hotel Charges			
E	Other Expenses			
F	Total Amount (A+B+C+D+E)			
G	Deductions, if any:			
H	Advance, if any to be deducted			
I	Net amount to be reimbursed (F-G)			
J	Amount to be reimbursed to the agent, if any			
I	Net amount to be reimbursed to the Claimant			

Passed for payment of: \_\_\_\_\_ Project No.: \_\_\_\_\_

Booked Amount: \_\_\_\_\_ Budget Head: \_\_\_\_\_

(Dealing Asstt)

(JA/JAA/SA/JS)

(Assistant Registrar)

Dean, R&D (If > ₹ 1 Lakhs)