

MADHAV INSTITUTE OF TECHNOLOGY & SCIENCE, GWALIOR
LOCAL CONVEYANCE BILL

Voucher No.

Name: Designation: Address:

.....

Purpose: Department / Section Visited:

Date of Visit: Travelled From:To

Mode of Travelling: Vehicle No.

Total Amount Claimed: Rs.(in words. Rupeesonly)

Certificate:

I hereby certify that:

1. I have not received conveyance allowance from any other sources for the said visit
2. The claim is as per the provisions of ordinance
3. The claim has been preferred for the first time

Pre-Receipt of the payment

(Name & Signature of Claimant with date)

Verified & Forwarded By:

(HOD/Section In-Charge) (Controller Exams/ Concerning Authority) (Finance Officer)

(Director)

Details for RTGS/NEFT (To be filled by claimant /applicant)

A/C No.:

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A/C Name:Beneficiary Bank & Branch Name:

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IFSC Code:

For Office Use Only:

Remitter Detail	Payment Details	Cheque No. & Date	Debit A/C	Amount in Rs.	Amount in words
Name: Director MITS Gwalior Address: MITS Campus, Gole Ka Mandir, Gwalior- 474 005 PAN No.: AABAT3827A					

Director

MADHAV INSTITUTE OF TECHNOLOGY & SCIENCE, GWALIOR

REMUNERATION & LOCAL CONVEYANCE BILL

Code: Name of Exam June/Dec. 20..... Voucher No. Ledger No.

Name: Designation: Address:

PAN No. :..... Name of Internal/External Examiner:

To,
The Director, M.I.T.S. Gwalior

Sir,

I submit my bill of remuneration for the work done by me as under, payment of which may be made to me at your earliest convenience.

Assignment/Work Executed with date (Setting of Question paper/ Typing of Question paper/Valuation of Answer Books/Revaluation of Answer Books/ Practical Exam/ Tabulation/Checking etc.) <i>(Mention whichever is applicable)</i>	Subject & Code	Number of Examinee	Rate of Remuneration	Total Amount	Less 5% T.W.F.	Total Amount Claimed
Tax Deduction at source (in Rs.)						
Local Conveyance Allowance (if any):						
Travelled From: To: Vehicle No.(Two Wheeler/Car)						
Net Amount Payable (Rs.only)						

Certified that claim has been preferred for the first time in accordance with the schedule of remuneration approved by MITS Gwalior

Pre-Receipt of the payment

(Name & Signature of Claimant with date)

Verified & Forwarded By:

(HOD/Section In-Charge) (Controller Exams/ Concerning Authority) (Finance Officer)

(Director)

Details for RTGS/NEFT (To be filled by claimant /applicant)

A/C No.:

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A/C Name:

Beneficiary Bank & Branch Name: **IFSC Code:**

For Office Use Only:

Remitter Detail	Payment Details	Cheque No. & Date	Debit A/C	Amount in Rs.	Amount in words
Name: Director MITS Gwalior Address: MITS Campus Gole Ka Mandir, Gwalior-474 005 PAN No.: AABAT3827A					

Director

MADHAV INSTITUTE OF TECHNOLOGY & SCIENCE, GWALIOR
TRAVELLING ALLOWANCE & REMUNERATION BILL

Name: Designation: Basic Pay/Grade Pay:
Address:.....PAN No.:
Purpose:Department / Section Visited:Date of Visit:.....

Block A: Journey Detail (To be filled by claimant)									
Departure			Arrival			Mode of Journey			Actual Fair Paid (Rs.)
From	Date	Time	To	Date	Time	Mode	Class	Distance	
Total Amount Claimed (Rs.only)									

Block B: Halts & Journey		
Duration (Hrs.)	D.A.	Amount (in Rs.)
Total		

(1) Fare : Rs. (2) Halts & Journey: Rs. (3) (4)

Total Amount (1+2 +3+4) Rs.

(a) T.A. Claimed: Rs. T.A. Recommended & Passed for the Payment of Rs.

Certificate: I hereby certify that the fare charged/claimed has actually been paid by me. The Ticket No.s/PNR No.s areand the timings mentioned for departure & arrival are true and as per actual (attach copy of tickets).

Assignment/Work Executed with date (Setting of Question paper/ Typing of Question paper/Valuation of Answer Books/Revaluation of Answer Books/ Practical Exam/ Tabulation/Checking etc.) (Mention whichever is applicable)	Subject & Code	Number of Examinee	Rate of Remuneration	Total Amount	Less 5% T.W.F.	Total Amount Claimed
Tax Deduction at source (in Rs.)						
Local Conveyance Allowance (if any): Travelled From: To: Vehicle No.						
(b) Net Amount Payable (Rs.only)						

Total Amount Payable (a+b) Rs. (in words. Rupees only)

Pre-Receipt of the payment

(Name & Signature of Claimant with date)

Verified & Forwarded By:

(HOD/Section In-Charge) (Controller Exams/ Concerning Authority) (Finance Officer)

(Director)

Details for RTGS/NEFT (To be filled by claimant /applicant)

A/C No.:

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A/C Name:Beneficiary Bank & Branch Name:IFS Code:

For Office Use Only:

Remitter Detail	Payment Details	Cheque No. & Date	Debit A/C	Amount (in Rs.) (a+b)	Amount in words
Name: Director MITS Gwalior Address: MITS Campus, Gole Ka Mandir, Gwalior-474 005 PAN No.:AABAT3827A					

Director

MADHAV INSTITUTE OF TECHNOLOGY & SCIENCE, GWALIOR
TRAVELLING ALLOWANCE BILL

Name: Designation: Basic Pay/Grade Pay:

Address:.....PAN No.:

Purpose:Department / Section Visited:Date of Visit:.....

Block A: Journey Detail (To be filled by claimant)									
Departure			Arrival			Mode of Journey			Actual Fair Paid (Rs.)
From	Date	Time	To	Date	Time	Mode	Class	Distance	
Total Amount Claimed (Rs.only)									

Block B: Halts & Journey		
Duration (Hrs.)	D.A.	Amount (in Rs.)
Total		

(1) Fare : Rs. (2) Halts & Journey: Rs. (3) (4)

Total Amount (1+2 +3+4) Rs.

Amount Claimed: Rs. T.A. Recommended & Passed for the Payment of Rs.

Certificate: I hereby certify that the fare charged/claimed has actually been paid by me. The Ticket No.s/PNR No.s areand the timings mentioned for departure & arrival are true and as per actual (attach copy of tickets).

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(Name & Signature of Claimant with date)

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(HOD/Section In-Charge) (Controller Exams/ Concerning Authority) (Finance Officer)

(Director)

Details for RTGS/NEFT (To be filled by claimant /applicant)A/C No.:

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A/C Name:Beneficiary Bank & Branch Name:

IFSC Code:

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Remitter Detail	Payment Details	Cheque No. & Date	Debit A/C	Amount (in Rs.)	Amount in words
Name: Director MITS Gwalior Address: MITS Campus, Gole Ka Mandir, Gwalior-474 005 PAN No.:AABAT3827A					

Director