**CLAIM FOR REIMBURSMENT UNDER CPDA**

**(FOR ATTENDING EVENT/CONFERENCE/SEMINAR/WORKSHOP/TRAI NI NG PROGRAMME)**

NAME OF THE CLAIMANT:

DESIGNATION: **PROFESSOR/ASSOCIATE PROFESSOR/ASST. PROFESSOR** DEPARTMENT : GRADE PAY:

HEAD QUARTER: **RAIPUR**

DATE OF PURCHASE :

## Purpose of Conference:

**--------------x-----------------------------------x------------------------------x x-----------**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mode of Journey Train/Bus/Air/Taxi** | **Departure** | | | **Arrival** | | | **Ticket No. Train/Bus/Taxi** | **Distance (Km.)** | **Amount (in Rs.)** |
| **From** | **Date** | **Time** | **From** | **Date** | **Time** |
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| **TA Claim, if any** | | | | | | | | |  |
| **DA Claim, if any (Accomodation/Food Bills/Taxi Charges within city as per rules** | | | | | | | | |  |

Total Travelling Expense -

Registration Fee -

* 1. Travel Grant Scheme - (Days of Conference +

travel days )

Visa Fee -

Others -

(Travel insurance + ser. tax)

Total Amount -

**Less:** Advance -

Net Payable/Receivable -

\*Certificates

* + 1. This bill is preferred for the first time.
    2. Institute Vehicle was not used at the Head Quarter for this Journey.
    3. No free lodging and boarding was provided by the Organization.
    4. Details of meeting /Certificate are enclosed.

***Signature of Employee***

***(P.T.O.)***

# For Office Use

## Total Amount Admissible -

**Less:** Advance -

## Net Payable/Receivable -

***Joint Registrar***