



# ANNA UNIVERSITY OF TECHNOLOGY, COIMBATORE

## CENTRE FOR RESEARCH

### DC MEETING CLAIM BILL

**Reimbursement** to Supervisor /

Scholar

**Individual** Bill to Supervisor &

DC members

Name (Supervisor / DC members)		:			
Address		:			
Name of the Scholar		:			
Name of the Supervisor		:			
Scholar Registration No.		:			
Date of DC / MC meeting		:			
<b>1<sup>st</sup> DC / 2<sup>nd</sup> DC / 3<sup>rd</sup> DC</b>		:			
Venue of the Meeting		:			
Particulars		From	To	KM	Amount Rs.
(1)	<b>Traveling Allowance</b>				
(a)	First Class Train Fare + Terminal & transport charges of Rs. 400/-				
(b)	@ Rs.3.50 /- per KM (up and down 3.50 x 2)				
(2)	<b>Sitting Fee of Rs. 500 /-</b>				500
<b>TOTAL [(1) (a) or (b) + (2)]</b>					
(Rupees					)
Place :		Received the Payment			
Date :		Signature with date			
Countersigned		Passed for Payment of Rs...../=			
SUPERVISOR		Rupees.....			
		..... Director - Research			

Submission of incomplete claim bill will cause delay in payment. And eligible amount only be sanctioned by this office without any further communication to the supervisor. No further request in this regard will be entertained.