## CASH ADVANCE REQUISITION SLIP

Name:	Designation:			
Department:				
Sir, Kindly allow me a sum of Rs. as an Advance against My: SALA	(Rupees			
<ol> <li>Purpose</li> <li>For every expense carried out authent</li> </ol>	tic bill is a must.  2). Settle entire advance within 07(seven d the same may be transfer to personal account as advance and	a) days of completion of the work.		
Approved for Rs	(in words)	)		
HOD	Director	Registrar		
		Signature with Date		
COLL	ORNIMA EGE OF ENGINEERING DVANCE REQUISITION	E7		
Name:	Designation:			
Department:	Campus :			
Sir, Kindly allow me a sum of Rs	(Rupees	)		
as an Advance against My: SALA	RYACCOUNT IMPREST EXPENSE	E STAFF LOAN		
<ol> <li>Purpose</li></ol>	tic bill is a must. 2). Settle entire advance within 07(seven d the same may be transfer to personal account as advance and			
Approved for Rs	(in words)	)		
HOD	Director	Registrar		





## TRAVEL EXPENSES REPORT

Name of Campus:-						Purpose of journey:-				
Department :- Name:- Designation:-					Permitted by:- Journey Verifed by:- Signature:-					
(A) Detail	s of Jour									
	Departu			Arrival		Mode	Ticket no		Amount	
Date	Time	Station	Date	Time	Station			Rs	<i>l</i> .	P.
							Total (A)	1		
	<u>I</u>	<u> </u>	<u> </u>		<u>I</u>	<u>l</u>		<u>'</u>		
	ng Allowa									
Station		Place of Stay			Rent	D/A	No of Day	s: Rs	I.	P.
						Total (B)				
(C) Local Conveyance & Other Charges:							Rs	<i>l</i> .	Р.	
1)			_ · J · ·							
2)										
3)										
5)										
4) 5) 6) 7)										
8)										
9)										
10)						Total:- C				
I undertake that:  1. This bill has been charged as per norms.						Grand	Total (A+B+	-C)		
2. No claim for this bill has been made far.						Adavance for Rs/				
3. I have enclosed separate bill for all expenses wherever.						Net Amount Payable / Receivable Approved for Rs/				
						Approv	ed for Rs/			
						(in wor	ds:			
	Date:									
۵.		N								
Sign	ature of C	Claimant:					Autho	rised Signa	ature:	