



INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY, AMARKANTAK (M.P.)
CLAIM FOR REIMBURSEMENT OF LOCAL CONVEYANCE

| Name of the Applicant | | | | | | |
|--|-----------------|---|----|-------------------|------------------|----------------|
| Designation & Department | | | | | | |
| Bank Account No. | | | | | | |
| Bank Name | | | | | | |
| Branch Name & IFS Code | | | | | | |
| Budget Head | | University () Project () Others () | | | | |
| | | (Please specify other source / Project No. if applicable) | | | | |
| S.No. | Date of Journey | Particulars | | Mode of Transport | Distance (Km.) | Amount (In Rs) |
| | | From | To | | | |
| 1 | | | | | | |
| Purpose | | | | | | |
| 2 | | | | | | |
| Purpose | | | | | | |
| 3 | | | | | | |
| Purpose | | | | | | |
| 4 | | | | | | |
| Purpose | | | | | | |
| 5 | | | | | | |
| Purpose | | | | | | |
| *Note: The purpose of the travel shall be indicated below for each journey performed. | | | | | Total Claim (Rs) | |
| Signature of the Applicant: | | | | | | |
| <u>Declaration by Recommending Authority (Sectional Head/HoD/Dean)</u> Certified that Prof. / Dr./Mr./Ms. _____ has attended the office work as indicated above and journey performed by him/her was essential and University transport was not available/ utilized for that journey. | | | | | | |
| Signature with Name & Design. | | | | | | |
| Signature of Approving Authority having financial power | | | | | | |
| (FOR FINANCE OFFICE USE) | | | | | | |
| Amount claimed(Rs) | | | | | | |
| Net amount admissible for payment for(Rs) | | | | | | |

DA/SO

AR/DR

Finance Officer

Standard Operating Procedure (SoP) for filling the form F12

- 1. Claims for local travel not involving overnight journey to places like Anuppur, Shadol, Bilaspur etc will be preferred through this form.**