				TRAVEL EX	(PENSE CLAII	M (TEC)				
SECTI	ON I: Member Details									
Name ( in CAPS)				ERP Code						
Title / Designation					Mobile #					
Department, Function/School					Mode of Travel					
Destination (City, Country)					Travel Start Date					
Date of submitting TEC						Travel Return Date				
	ON II: Travel Expense mention details of all ex		eibursements are l	peing claimed, exper	nses direclty paid	l by University are	to declared in	Section III; All fig	ures in Rupees)	
S No	Dete	Bill No. Cos	Cost of	f Airport / Station	Boarding	Lodging		Misc	Registration Fees	Entertainment Expenses
0110			Ticketing				Туре	Amt		
Total										[ = "A" ]



SECTION III: Travel Expense Summation						
А.	Total Expense Claim (A)					
В.	Advance Issued (B)					
C.	Advance / Forex Returned (C)					
D.	Net Payable To or Recoverable From					
E. Other Expenses Directly billed to the University						
S No	Date	Description		Total		
	Total					
SECT	ION IV: Certification					
		penses are related to travel undertaken for official / that that I have not, and will not, recieved reimbu				
	Member Signature	Member Name	Date			
SECTION V: Approvals (Required only if Total Expense Claim exceeds the amount mentioned in TRF)						
		Head of Department or Reporting Manager Director		or Head of Enabling Function		
	Cianoturo					

	Head of Department or Reporting Manager	Director or Head of Enabling Function
Signature:		
Name:		
Date:		

SECTION VI: For Office Use						
Date of Recipt	Processed Date	Remarks				
SECTION VII: Instructions						
1. In Section II, insert more row if required.						

2. TEC form should be submitted to Finance within 45 days of completion of Travel

3. Please attach original paid reciepts or bills for expenses being claimed and declaration for lost bills (Annexure VI) as applicable

