**Office of International Relations**

**IIT Kharagpur**

**Shri Gopal Rajgarhia International Programme (SGRIP)**

 **Scheme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Application No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Visitor(s) Details\*:**

|  |  |
| --- | --- |
| **Name(s) and affiliation** |  |
| **Visit duration** |  |
| **Activities undertaken:** |  |

**Check List:**

Claim Form

One page report

Form no 10F

Tax residency certificate

Travel tickets

Boarding passes

All other bills duly signed

**CLAIM FORM**

**Table 1: Overall Expenses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl No.** | **Head** | **Approved Amount (INR)****To be filled up by Host Faculty** | **Actual Expense (INR)****To be filled up by Host Faculty** | **Final Approval (INR)** **For IR Office Use** | **Remarks****By Host Faculty/Dean IR** | **Name and A/C # of payee****To be filled up by Host Faculty** |
| 1 | Air Fare and visa fees  |  |  |  |  |  |
| 2 | Local Travel |  |  |  |  |  |
| 3 | Local Hospitality |  |  |  |  |  |
| 4 | Honorarium |  |  |  |  |  |
| 5 | Contingency |  |  |  |  |  |
|  | **TOTAL** |  |  |  |  |  |

**Table 2: Expenses to be reimbursed to Host Faculty (if any) \***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl No.** | **Head** | **Approved Amount (INR)** | **Actual Expense (INR)** | **Final Approval (INR)** | **Remarks** | **Name and A/C # of payee** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Table 3: Local Travel\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No.** | **Details** | **Vendor & Bill details** | **Expense (INR)** |
| 1. |  |  |  |
| 2. |  |  |  |
|  |  | **TOTAL** |  |

**Table 4: Local Hospitality\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No.** | **Item** | **Vendor & Bill details** | **Expense (INR)** |
| 1. |  |  |  |
| 2. |  |  |  |
|   |   | **TOTAL** |  |

**Table 5: Contingency\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl No.** | **Details** | **Vendor & Bill details** | **Expense (INR)** |
| 1. |  |  |  |
| 2. |  |  |  |
|  |  | **TOTAL** |  |

\*Please add tables and rows as necessary.

Department/ School/ Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host faculty Name & Signature with Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head/School/Center with Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_