

**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:	

CLAIM FORM

Table 1: Overall Expenses

SI 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) *

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

Table 3: Local Travel*

SI No.	Details	Vendor & Bill details	Expense (INR)
1.			
2.			
		TOTAL	

Table 4: Local Hospitality*

SI No.	Item	Vendor & Bill details	Expense (INR)
1.			
2.			
		TOTAL	

Table 5: Contingency*

SI 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: _____