

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI

FORM-I

Ref. No. _____

Date : _____

CPDA Claim for reimbursement/ payment

I. Membership for Professional Bodies

Within the limit of Rs. 15,000/- p.a., membership for two professional bodies per year can be availed.

Enclosed prior approval of the Registrar.

II. Registration Fees (for attending Affairs.

Enclosed necessary approval of the Dean, Faculty

Seminar/ Conference
International.

Actual with a maximum limit of US\$800/- for

II. Purchase of Books

Bills pertaining to purchase of books should be sent with due certification by Faculty while sending for reimbursement. Amount is restricted to Rs. 10,000/-. For purchase of books of more than the limit, prior approval of Director is required.

III. Contingent Expenditure (Limited to Rs. 80,000/- p.a.)

Equipment, consumable, contingency expenditure etc.

Reimbursement must have certifications by faculty that the items are procured for Professional Development. Prior approval of Director is necessary for reimbursement and any item which is not explicatory mentioned in the list of Contingent expenditure.

There is no cap on amount that can be spent on contingent purchases within the CPDA.

Name : _____
Designation : _____
Department : _____

The following is the statement of account for the membership of Professional Bodies, purchase of stationery/books and any other contingent items for professional development vide Office Order no..... dated..... The relevant cash memos/bills/vouchers are enclosed herewith:-

S No.	Items	Invoice No.	Date	Vendor/ Professional body	Amount (in Rs.)	Justification
01.						
02.						
03.						
04.						
05.						
06.						
07.						

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Sl. No	Items	Invoice No	Date	Vendor/Professional Body	Amount (in Rs.)	Justification
08.						
09.						
10.						
11.						
12.						
13.						
14.						
Total						

Stock entry has been at Stock Book No _____ of page No _____ of SI .No. _____ of stock register and also back side of the original bill with certification

Rs. _____ (Rupees _____ Only)
may be reimbursed/paid directly to the vendor .

Date: _____

Signature of Applicant

Forwarded by

REGISTRAR

N.B.: This Form is to be deposited to the Accounts Section along with the bills /vouchers etc. and the office order issued by the Registrar

For Office Use Accounts Section

Allotment Head: _____

Token No: _____

Expenditure Head: _____

Date: _____

Amount checked & verified and found correct Rs. _____

(Rupees _____ (may be reimbursed / paid to the vendor

Signature of the
Dealing Officer

Signature of the
Assistant Registrar (Finance)

Signature of the
Registrar (Offg.)