



National University
of Computer and Emerging Sciences

Local Conference Publication & Travel Grant

Reimbursement Form



Requisitioner

Name	Designation
Emp ID	Campus
Grant Award Number	Student degree level
Paper Title	
Conference name	Date(s)
Departure date	Arrival date

Expense Details (in actual)

Head	Budget Limit	Approved Amount	Original Amount	Refund Claim
Travel				
Registration fee				
Accommodation	Upto Rs 6,000 per night			
TOTAL Amount (in words)				

Attachments (Original)

Description (Please check relevant box)	Provided	Not Provided
1) Duly filled Reimbursement Claim Form	<input type="checkbox"/>	<input type="checkbox"/>
2) Letter of Pre-approval	<input type="checkbox"/>	<input type="checkbox"/>
3) Ticket or invoice indicating the actual travel amount	<input type="checkbox"/>	<input type="checkbox"/>
4) Original ticket	<input type="checkbox"/>	<input type="checkbox"/>
5) Original invoice of registration	<input type="checkbox"/>	<input type="checkbox"/>
6) Original invoice of hotel accommodation	<input type="checkbox"/>	<input type="checkbox"/>
Date	Signature	

Campus HR

Faculty	In service	On leave	Retired/Terminated	On Long Leave (> Six moths)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				
Student	Reg No.	Enrolled	Graduated	Date of Graduation
1				
Prepared & forwarded by	Designation			
Date	Signature			

Campus Accounts

Code	Head Name	Budgeted Amount	Requested Amount	Remaining Budget
730100001	Research Travel Expenses			
Total Research Budget				
Prepared & forwarded by	Designation			
Date	Signature			

Head of Department

Remarks	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
Name				
Date	Signature			

Campus Director

Remarks	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
Name				
Date	Signature			

NUCES-HQ**ORIC**

Remarks by Manager (RM)			
Date	Signature		
Remarks by Grants Management Officer (GMO)			

Date	Signature		
Director ORIC	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>	
Date:	Signature		

Internal Auditor

Remarks	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
Name		
Date	Signature	

Treasurer

Remarks	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
Name		
Date	Signature	

Rector

Remarks	Approved <input type="checkbox"/>
	Not Approved <input type="checkbox"/>
Name	
Date	Signature