



Reimbursement Form

Organizer Details

Name & Designation	
Grant Award Number	
Event Name & Dates	

Expense Details (In Actual)

S.No	Head	Approved Amount	Actual Amount (as per Invoice)	Refund Claim
1	Remuneration for Invited Speakers			
2	Accommodation for Invited Speakers			
3	Air Travel for Invited Speakers			
4	Entertainment			
5	Publication			
6	Stationery			
7	Any other			
	Total			

Income Details (In Actual)

S. No	Head	Expected Amount	Actual Amount (as per Invoice)	Total Income
1	Registration Fee (Authors)			
2	Registration Fee (Participants)			
3	Sponsors			
4	Any other Income (please specify)			
	Total Amount			

Profit Loss Statement

Actual Income	Actual Expenses	Profit/Loss)

Attachments

S.No	Item	Yes	No
1	Copy of University Award / Sanction letter.		
2	A copy of HEC Reimbursement Claim submission at least 60 days before the fiscal year closing		
3	Detailed CV of the Focal Person / Principal Organizer of the event		
4	A list of Foreign Invited Speakers		
5	Abstracts of presentation of Foreign/Local Invited Speakers		
6	A list of National Invited Speakers		
7	Complete Brochure of the Event containing Aims, Objectives, Themes, and Registration Process.		
8	A copy of the Detailed and Updated Program of the event indicating the following: <ul style="list-style-type: none"> ● Sessions ● Name of Presenter (Invited/Registered) ● Title of Presentations ● Allocated timeslots 		
9	A list of Organizing Committee		
10	A detailed list of Publication items (Printing of Proceedings or Abstract Book, Printing of Banners and Brochures, without Bags, Shields, and Souvenirs).		
11	Item wise details of the Stationery along with quantity and rate?		

Undertaking by the Principal Organizer

On behalf of the Organizing Agency and Working Committees, I hereby undertake and affirm that:

- All the information provided above is true to the best of my knowledge and belief.
- All the supporting documents submitted are authenticated.
- All the details of the expenses and income are supported with evidence of the Bills/Receipts against each head.

With Office Stamp and Date:

Signature of Principal Organizer

Campus Accounts

Code	Head Name	Budgeted Amount(PKR)	Requested Amount(PKR)	Remaining Budget(PKR)
730100006	Research Workshop/Seminar Expenses			
Total Research Budget				
Name:			Designation	
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				
Date				Signature
Director ORIC	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>
Date:				Signature

Director Finance

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