

# National University of Computer and Emerging Sciences Grant of International Conference Travel (GICT)



### Reimbursement Form

## Requisitioner

Name	Designation				
Emp ID	Campus				
GICT Award Number			·		
Paper Title					
Conference name			Date(s)		
Departure date			Arrival date		
Head	USD (Budget Limit)	Approved Amount	Original Amount	Refund Claim	
Air Travel					
Canada & USA	1,160				
Europe	850				
Africa	850				
Australia, Japan & Far East	850				
Turkey & Middle East	540				
India, Iran & Bangladesh	320				
Rest of the world	630				
Registration fee	700 (upto)				
Accommodation	100 per night 300 (max)				
TOTAL Amount (in words)					

#### **Attachments**

Description (Pleas	e check the re	levant box)			Provided	Not Provided
1) Copy of Proceedings/A		pages of showing author		Seminar/Conference		
2) Program of the time slot	Event showing	g time slot of th	ne applican	t's presentation in given		
mode of present Abstract Book letter, if the according for 75% reimb	Acceptance Letter from the Conference Organizer (Acceptance letter showing mode of presentation, Review process and proof publication "Proceedings or Abstract Book"). Further Paper Acceptance ratio must be shown in the said letter, if the acceptance ratio is up to 40%, then the application will be eligible for 75% reimbursement of approved cost. However, if the ratio is more than 40%, the applicant will be eligible for 50% reimbursement of the approved cost					

mentioned in the award					
4) Full text paper presented					
5) Latest CV of the applica					
6) NOC from the Principal Author) with justification					
7) Duly filled Reimbursement Claim Form					
8) Pre-Approval Award Letter					
9) Ticket or Invoice indicating the actual air travel amount					
10) Original Boarding Passes					
11) Original Invoice of Registration					
12) Original Invoice of Hotel Accommodation					
Applicant undertaking All the information provided above is true to the best of my knowledge and belief					
	All the supporting documents submitted are authentic				
Date Signature					

# **Campus HR**

		Total	Mode of Payme	ent
Table-A	Staff (In Service)		Salary	
Table-B	Leavers i) Resigned ii) Terminated iii) End of Contract		The case will be processed Settlement	along with Final
Table-C	On Long Leave	The case will be processed on submission of i) Clearance Form and ii) Payment approval		
Table-D	Visiting Faculty		Monthly Fund Request	
Prepared & forwarded by		i	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**

	Recommended		Not Recommended			
Remarks	Recommended		Not Recommended			
Name						
Date			Signature			
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Campus Directo	r					
Remarks	Recommended		Not Recommended			
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Name						
Date			Signature			
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Remarks by Manager (RM)	)					
Date			Signature			
Remarks by Grants						
Management Officer				Ţ		
Date			Signature			
Director ORIC	Recommended		Not Recommended			
Date:			Signature			
Director Finance		:				
Remarks	Recommended		Not Recommended			
TO MAIN						
Name						
Date	Signature					
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Date	Signature					