



PARUL UNIVERSITY

BILL FOR REIMBURSEMENT OF TRAVELLING/ALLOWANCE & DA/HONORARIUM

NAME: _____ DESIGNATION: _____ COLLEGE/INSTITUTION: _____

PERIOD - FROM (DATE): _____ TO (DATE): _____ DURATION (DAYS): _____

PURPOSE OF VISIT: _____

REFERENCE LETTER NO: (IF ANY)

	DEPARTURE			ARRIVAL			MODE OF TRAVEL	DISTANCE (KM)	EXPENSES			
	PLACE	DATE	TIME	PLACE	DATE	TIME			FARE	DA	HONORARIUM	TOTAL
ONWARD												
RETURN												

NOTE: PLEASE ATTACH ALL RELEVANT DOCUMENTS IN ORIGINAL

GRAND TOTAL: _____

Expert/ Employee's
Name & Signature with Date

HOD/HOI
Name & Signature with Date

Authorized Signature

Account Department

(For bank details Please see overleaf)