

BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR, HOWRAH

ADVANCE APPROVAL MEMO

RECEIVING
(For office use only)

Token No. _____

Date _____

Sign. of the Dealing Assistant

To

The Director (Research & Consultancy)
Bengal Engineering and Science University, Shibpur

Ref: Project Code No. _____

Sir,

I, undersigned need an amount of Rs. _____ as an advance for the following purpose.

Kindly arrange to draw the cheque in favour of _____.

Sl. No.	Purpose	Amount (Rs.)
1.		
2.		
	Total:	

The unadjusted advance as on date is amounting to Rs. _____.

I declare that the advance amount will be utilized as per the provisions of the existing financial rules of the University and the total expenditure will be within the sanctioned amount as approved by the funding agency. I also declare that the supporting vouchers with necessary approval (if applicable) will be submitted for adjustment within ONE month from the date of drawl of advance.

Thanking you,

Yours faithfully,

Dated:

(Project Investigator)

FOR OFFICE USE ONLY

<p>Certified that the unadjusted advance amount standing as on _____ is Rs. _____ against the applicant's name. *use red ink.</p> <p align="right">(Signature of the Dealing Assistant with date)</p>	<p align="center">APPROVED FOR PAYMENT</p> <p align="center">Rs. _____</p> <p align="center">subject to the above declaration</p> <p align="center">Director (Research & Consultancy)</p>
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**BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR
HOWRAH-711 103**

Approval for Capital/Revenue Expenditure above Rs. 20,000/-

Title of the Project:

Head of Account:

Code No.:

Sanctioned Amount:

Balance Available:

Particulars of Scheme / Items to be purchased	Estimated Cost (Rounded) Rs. P.
Brief justification for purchase:	

Forwarded and recommended with the comments that the materials proposed to be purchased have been recommended by the Purchase Committee(s).

Signature of PI/ CI/ CC

Signature of HoD/DoS/HoC

Scheme Recommended for Sanction

Signature of the Dean/Director(R&C)

**BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR
HOWRAH-711 103**

Approval for Capital/Revenue Expenditure above Rs. 50,000/-

Title of the Project:

Head of Account:

Code No.:

Sanctioned Amount:

Balance Available:

Particulars of Scheme / Items to be purchased	Estimated Cost (Rounded) Rs. P.
Brief justification for purchase:	

Forwarded and recommended with the comments that the materials proposed to be purchased have been recommended by the Purchase Committee(s).

Signature of PI/ CI/ CC


Signature of HoD/DoS/HoC

Scheme Recommended for Sanction

Signature of the Dean/Director(R&C)

APPROVED

Vice- Chancellor

<p>OFFICE OF THE DIRECTOR (RESEARCH & CONSULTANCY), BESU, SHIBPUR</p>  <p>BILL FOR PAYMENT</p>	<p>7. BILL RECEIVING (For office use only) Received the bill for payment along with supporting documents as mentioned in Sl.6.</p> <p>Token No. _____ Date _____</p> <p>..... Signature of the Dealing Assistant</p>
<p>Sl. No.01 to 07 are to be filled in by the Project Investigator</p>	
<p>1. PROJECT DETAIL</p> <p>Project Code No.DRC/.....</p> <p>Name of the P.I.....</p> <p>Department</p>	<p>4. AMOUNT PAYABLE</p> <p>Rs. (in figure) _____</p> <p>(In words) Rupees _____</p>
<p>2. PAYEE DETAIL</p> <p>Name of the Payee: _____</p> <p>_____</p> <p>PAN: _____ VAT: _____</p> <p>[(i) PAN and VAT No. is mandatory for deduction of tax in case of payment against works contract. (ii) In case of multiple payees, enclose separate sheet with names]</p>	<p>5. RECORD OF ENTRY IN STOCK REGISTER (Please put tick mark in the appropriate box]</p> <p>Certified that:</p> <p>a) the items have been received in good condition []</p> <p>b) the computers/equipments are installed properly []</p> <p>c) service has been rendered satisfactorily []</p> <p>d) the items have been entered in Stock Register []</p> <p>No. _____ Page No. _____</p>
<p>3. BUDGET HEAD</p> <p>Head of Account _____</p> <p>Sanctioned Amount: Rs. _____</p> <p>Previous Expenditure: Rs. _____</p> <p>Less this Bill: Rs. _____</p> <p>Balance Available: Rs. _____</p>	<p>6. LIST OF ANNEXURES (Put tick mark)</p> <p>a. Approved Order in original []</p> <p>b. Bill/ Proforma Invoice in original []</p> <p>c. Challan in original []</p> <p>d. Money Receipt in original []</p> <p>e. Statement of expenditure along with _____ numbers of supporting sub vouchers []</p> <p>f. Any other (please specify) _____</p>
<p>7. Certified that the above expenditure are incurred in terms of the relevant provisions of the existing financial rules of the University and procedure followed in the University. In case of cash purchase or purchase of goods and services without quotation, it is certified that I am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at a reasonable price.</p> <p>Dated: _____ (Signature of the Project Investigator)</p>	
<p>FOR OFFICE USE ONLY</p>	
<p>8. Certified that the bill is in order in terms of the relevant provisions of the financial rule of the University. Also certified that the bill may be passed for *Rs. _____ in favour of * _____</p> <p>_____</p> <p>_____</p> <p>*use red ink</p> <p>(Signature of the Dealing Assistant with date)</p> <p>(Signature of the Audit Officer with date)</p>	<p>9. Certified that the amount as stated in the certificate in Sl. No.8 amounting to Rs. _____ is available for payment.</p> <p>(Sign. of the Dealing Assistant with date)</p> <p>Cheque No. _____</p> <p>Date _____</p>

Bengal Engineering and Science University, Shibpur
Application for Closing of Bank Account of the Sanctioned Project / Research Scheme

1. (a) Name of Principal Investigator/ Chief Investigator/ Project Coordinator of the Project & Designation : _____
 (b) Department/School/Centre : _____

2. (a) Title of the Project : _____

(b) Sponsoring agency and type : _____
 (c) Total Amount Sanctioned for the Project : _____
 (d) First Sanctioned Order : _____
 (e) Total Duration of the Project : _____

3. (a) Last Grant Released Letter : _____

Project Cost (X)	Overhead (Y)	Total (X+Y)
: Rs. _____	Rs. _____	Rs. _____
: No. _____	Date: _____	
: Proposed: _____	Sanctioned: _____	Actual: _____
: No. _____	Date: _____	Bank: _____
: Cheque/DD/E-Transfer No. _____	Date: _____	Bank: _____
Project Cost (x)	Overhead (y)	Total (x+y)
1 st Phase : Rs. _____	Rs. _____	Rs. _____
2 nd Phase : Rs. _____	Rs. _____	Rs. _____
3 rd Phase : Rs. _____	Rs. _____	Rs. _____
4 th Phase : Rs. _____	Rs. _____	Rs. _____
5 th Phase : Rs. _____	Rs. _____	Rs. _____
(c) Total Amount received (in actual) : Rs. _____	Rs. _____	Rs. _____

(d) Account Title in the Bank : _____
 (e) Bank, Branch & Project A/C No. : _____

4. (a) Official Date of Implementation/ Commencement of the Project : _____
 (b) Official Date of Completion of the Project : _____
 (c) Date of DAC* meeting for closing of the project : _____
 (d) Date of RAC# meeting for closing of the project : _____

5. (a) Present Status of the Project in brief : _____

(b) Whether Annual Progress Reports and Annual Utilization Certificates sent regularly : Yes No

(c) Whether Final Audited Statement of Account including Utilization Certificate is READY or NOT : Ready Not Ready

(d) Whether the equipment purchased from this project entered in the Departmental Stock Book (If yes, enclose a copy of the letter to HoD/ DoS/ HoC from PI in this regard) : Yes No

Date of UC _____ Expected Date of UC by _____

 (Principal Investigator/ Chief Investigator/ Project Coordinator) (HoD/ DoS/ HoC)
 Date: _____ Date: _____ seal

(For DRC Office use only)

A1. Checked and verified.

 (Dealing Assistant, Office of DRC)
 Date: _____

B1. To: The Finance Officer, BESUS
 In view of completion of the project, the proposal for closing of Bank Account of the aforesaid project is hereby approved.
 Date: _____ (Director of Research & Consultancy)

To
 The Branch Manager
 UBI, BESUS Branch, Howrah-3

Sir,
 You are requested to kindly arrange for closing of the Bank Account titled _____ Bank Account No. _____ maintained by your Bank. The passbook and the unused cheque(s) etc., if any, are enclosed with this.

Date: _____
 C.C. 1. Director of Research & Consultancy for information and record
 2. P.I./C.I./P.C. for information (Finance Officer)

* Departmental Academic Committee
 # Research Advisory Committee
 Form No. BESU DRC Bank 2C - 26/08/2009

OFFICE OF THE DIRECTOR OF RESEARCH AND CONSULTANCY
BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR, HOWRAH 711 103

Debit Voucher

No. : _____

Date: _____

University Project / Consultancy Code: _____ / _____ / _____ / _____ / _____ / _____
(DRC) / (Agency-Type) / (Dept.) / (PI) / (Sl. No.) / (Fin.Yr.)

Head of the Expenditure: _____

Details of Expenditure: _____

To be paid to: M/s./Dr./Prof./Mr./Ms. : _____

Amount Rs. _____ (Rupees: _____) only.

Attachments (if any): _____

Payment details: Rs. _____ by Cash/Cheque No. _____, dt. _____

Signature of PI/Consultant/Others
with seal
Date: _____

Payment approved by
with seal
Date: _____

Received Rs. _____ vide cheque / cash (as per above details) on (date) _____

Date: _____

(Receiver's Signature) with seal (if any)

OFFICE OF THE DIRECTOR OF RESEARCH AND CONSULTANCY
BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR, HOWRAH 711 103

Debit Voucher

No. : _____

Date: _____

University Project / Consultancy Code: _____ / _____ / _____ / _____ / _____ / _____
(DRC) / (Agency-Type) / (Dept.) / (PI) / (Sl. No.) / (Fin.Yr.)

Head of the Expenditure: _____

Details of Expenditure: _____

To be paid to: M/s./Dr./Prof./Mr./Ms. : _____

Amount Rs. _____ (Rupees: _____) only.

Attachments (if any): _____

Payment details: Rs. _____ by Cash/Cheque No. _____, dt. _____

Signature of PI/Consultant/Others
with seal
Date: _____

Payment approved by
with seal
Date: _____

Received Rs. _____ vide cheque / cash (as per above details) on (date) _____

Date: _____

(Receiver's Signature) with seal (if any)

Office of the Director of Research and Consultancy
Bengal Engineering and Science University, Shibpur

Token No. & Date

University Project Code: _____ / _____ / _____ / _____ / _____
 (DRC) / (Agency-Type) / (Dept.) / (PI) / (Sl. No.) / (Fin. Yr.)

Scholarship/Fellowship/Remuneration/Salary of Shri/Sm/Dr.....
 (Name)
of.....
 (Designation) (Department/School/Centre)

of BESUS, who joined the Project / Scheme under the guidance/supervision of Dr./Prof...
 (Name)
for the month of may be paid
 (Designation) (mm, yyyy)
 through the Cheque No.....dated..... of "Project Account" in the UBI,
 BESUS Branch, amounting (*) Rs..... (in words, Rupees.....
) only.

Item	Description	Code	Amount (Rs.)
Gross Amount:	Remuneration / Salary Payable	A	
Deduction:	Professional Tax (PT) / Employment Tax (ET)	B	
	(*) Net Amount Payable	(A-B)	

 (Signature of PI / CI / PC with seal)

 (Signature of Director of Research & Consultancy)

For office use only

Received with thanks a sum of Rs..... (In words, Rupees
) only from the Director of Research and Consultancy, Bengal Engineering
 and Science University, Shibpur, Howrah, as my Scholarship/Fellowship/Remuneration/Salary
 after deduction of PT / ET, if any, for the month of

Date:

*Revenue
Stamp*

 (Full Signature and Designation of the Receiver)

Office of the Director of Research and Consultancy
Bengal Engineering and Science University, Shibpur

University Project Code: _____ / _____ / _____ / _____ / _____ / _____
(DRC) / (Agency-Type) / (Dept.) / (PI) / (Sl. No.) / (Fin. Yr.)

Scholarship/Fellowship/Remuneration of Shri/Sm/Dr.....
(Name)
.....of.....
(Designation) (Department/School/Centre)

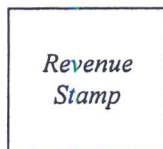
of BESUS, who joined the Project / Scheme under the guidance/supervision of Dr./Prof.....
(Name)
.....for the month of may be paid
(Designation) (mm, yyyy)
through the Cheque No.....dated..... of "Project Account" in the UBI,
BESUS Branch, amounting Rs.....(in words, Rupees.....).

(Signature of PI / CI / PC with seal)

(Signature of Director of Research & Consultancy)

Received with thanks a sum of Rs..... (In words, Rupees
.....) only from the Director of Research and Consultancy, Bengal Engineering
and Science University, Shibpur, Howrah, as my Scholarship/Fellowship/Remuneration for the
month of

Date:



(Full Signature and Designation of the Receiver)

NOTE SHEET

Enclosed please find the Approved Resolution of the Selection Committee meeting held on _____ at _____ for recruitment of _____
(date) (time) (post)

under the _____ project entitled _____
(funding agency) (title of the project)

of Principal Investigator, Prof. _____ of _____
(name of the faculty / P.I.) (name of the dept./school/centre)

The copy of the Advertisement, Formation of Selection Committee, Attendance of candidate(s) along with application & bio-data of the selected candidate(s) are also enclosed.

University Project Code: _____ / _____ / _____ / _____ / _____
(DRC) / (Agency-Type) / (Dept.) / (PI) / (Sl. No.) / (Fin.Yr.)

(Ref.: Project Sanction Letter No. _____, dated _____)

Name of the Selected Candidate:

Sanctioned Head of Account:
(from which the monthly emoluments will be paid)

PERIOD OF ASSIGNMENT:

For the Period: _____ with effect from
the date of joining of the candidate (the date of joining should not be before the date of appointment letter).

The proposed HRA & MA are:

- As per the above sanctioned order,
 Not as per the above sanctioned order, however, the same will be claimed to the funding agency in future.

EMOLUMENTS:

Fellowship/Remuneration	:	Rs. _____	per month
HRA @	:	Rs. _____	per month
MA	:	Rs. _____	per month
Total	:	Rs. _____	per month

You are requested to do the needful.

(Signature of P.I. with seal)

Date:

The Director(R&C)
BESUS

BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR

STATEMENT OF EXPENDITURE SUBMITTED FOR ADJUSTMENT/REIMBURSEMENT

[Annexure to Bill for Payment Sl. No. 6(e)]

Project Code:	Head of Account:
---------------	------------------

Note: Please submit separate statement for different expenditure head of account.

Sl. No.	Voucher No.	Date	Description of goods/ items/services	Agency	Amount Rs.	Remarks (if any)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Enclosed: nos. of vouchers.				Total Amount:		
				Less: Advance drawn:		
				Net Amount Payable:		

Rupees (in words) _____

Certified that all the expenditure mentioned above is made following the University norms, the purchases/services billed for have been received in good order, that their quantities are correct and that their qualities are good, that the rates paid are not in excess of the accepted and the market rates, the ravel/conveyance expenses in this statement was actually incurred was unavoidable and all articles in permanent or semi permanent nature have been accounted for in the Stock Register.

(Signature of the Project Investigator with Date)

Bengal Engineering and Science University, Shibpur
Application for Transfer of First Phase Amount of the Sanctioned Consultancy

1. (a) Name of Consultant (s) & Designation :

(b) Department/School/Centre :

2. (a) Title of the Consultancy :

(b) Sponsoring agency and type :

(c) Total Amount Proposed for the Consultancy

Proj. Cost (x) Rs.	S.T. (y) Rs.	Total (x+y) Rs.	I.T. (z) Rs.	Net (x+y)-z Rs.	Consultants Share Rs.	O.H. Rs.

(d) Total Amount Sanctioned for the Consultancy

Proj. Cost (x) Rs.	S.T. (y) Rs.	Total (x+y) Rs.	I.T. (z) Rs.	Net (x+y)-z Rs.	Consultants Share Rs.	O.H. Rs.

(e) Sanctioned Order
 (Please enclose copy of the Order)

: No. _____ Date: _____

(f) Total Duration of the Consultancy :

3. (a) Grant Released Letter
 (Please enclose copy of the Letter)

: No. _____ Date: _____

: Cheque/DD No. _____ Date: _____ Bank: _____

: E-Transfer No. _____ Date: _____ Bank: _____ A/c. No. _____

(b) Amount released from the Sponsoring Agency as First Phase

Proj. Cost (x) Rs.	S.T. (y) Rs.	Total (x+y) Rs.	I.T. (z) Rs.	Net (x+y)-z Rs.	Consultants Share Rs.	O.H. Rs.

(c) Balance to be released

4. (a) Official Date of Implementation/
 Commencement of the Consultancy :

(b) Date of DAC* meeting for report of sanctioned consultancy :

(c) Enclose copy of the approval from the University for conducting Consultancy Project :

Date: _____
 (Consultant (s))

Date: _____
 (HoD / DoS / HoC)

seal

(For DRC Office use only)

A1. Checked and verified.

(Dealing Assistant, Office of DRC)

Date: _____

University Consultancy Code: _____ / _____ / _____ / _____ / _____
 (DRC) / (Agency-Type) / (Dept.) / (PI) / (Sl. No.) / (Fin. Yr.)

B1. To: The Finance Officer, BESUS

Please arrange to endorse/issue cheque(s) for amount(s) mentioned against Para 3(b) above to the undersigned.

Date: _____

(Director of Research & Consultancy)

(For the use of Finance Officer)

C1. Chief Cashier

(i) Please pay Rs. to 'PROJECT ACCOUNT'. (A/C No **1532010005180**, UBI, BESUS Br.)
 from A/C No. UBI, BESUS Br. Ref. File No.

(ii) Please pay Rs. to, A/C No.
 from A/C No. UBI, BESUS Br through Cheque No. Date.

C2. Director (R&C)

Enclosed please find the cheque amounting Rs. through Cheque No. Date.

Date: _____

(Finance Officer)

Note:

- Amount to be transferred to 'OVERHEAD ACCOUNT'. (A/C No **1532010005173**, UBI, BESUS Br.) Rs.
 from 'PROJECT ACCOUNT' through Cheque No. Date.
- Remaining amount as Project Cost to be transferred to 'PI's Consultancy Account' Rs.
 from 'PROJECT ACCOUNT' through Cheque No. Date.

Copy to:

D1. Consultant/Chief Investigator/Project Coordinator, Prof. - for information

D2. File No.

Date: _____

(Director of Research & Consultancy)

* Departmental Academic Committee

Bengal Engineering and Science University, Shibpur
Application for Transfer of First Phase Amount of the Sanctioned Project

1. (a) Name of Principal Investigator/ Chief Investigator/ Project Coordinator of the Project & Designation : _____
 (b) Department/School/Centre : _____
2. (a) Title of the Project : _____

- (b) Sponsoring agency and type : _____
- (c) Total Amount Proposed for the Project
- | | | |
|------------------|--------------|-------------|
| Project Cost (X) | Overhead (Y) | Total (X+Y) |
| : Rs. | Rs. | Rs. |
- (d) Total Amount Sanctioned for the Project
- | | | |
|------------------|--------------|-------------|
| Project Cost (X) | Overhead (Y) | Total (X+Y) |
| : Rs. | Rs. | Rs. |
| : No. | Date: | |
- (e) Sanctioned Order
(Please enclose copy of the Order)
- (f) Total Duration of the Project : _____
3. (a) Grant Released Letter
(Please enclose copy of the Letter)
- | | | |
|----------------------------|--------------|-------------|
| : No. | Date: | |
| : Cheque/DD/E-Transfer No. | Date: Bank: | |
| Project Cost (x) | Overhead (y) | Total (x+y) |
| : Rs. | Rs. | Rs. |
| : Rs. | Rs. | Rs. |
- (b) Total amount released from the Sponsoring Agency as First Phase
- (c) Balance to be released
4. (a) Official Date of Implementation/ Commencement of the Project : _____
- (b) Date of DAC* meeting for report of sanctioned project : _____
- (c) Date of RAC# meeting *(Please enclose copy of the minutes of the meeting)* : _____

(Principal Investigator/ Chief Investigator/ Project Coordinator)
 Date: _____

(HoD / DoS / HoC)
 Date: _____

seal

(For DRC Office use only)

A1. *Checked and verified.*

(Dealing Assistant, Office of DRC)

Date: _____

University Project Code: DRC / / / /
 (DRC) / (Agency-Type) / (Dept.) / (PI) / (SI. No.) / (Fin. Yr.)

B1. To: The Finance Officer, BESUS
 Please arrange to issue cheque(s) for amount(s) mentioned against Para 3(b) above to the undersigned.

Date: _____

(Director of Research & Consultancy)

(For the use of Finance Officer)

C1. Chief Cashier

(i) Please pay Rs. to 'PROJECT ACCOUNT', (A/C No. 1532010005180, UBI, BESUS Br.)

from A/C No. UBI, BESUS Br. Ref. File No.

(ii) Please pay Rs. to, A/C No.

from A/C No. UBI, BESUS Br through Cheque No. Date.

C2. Director (R&C)

Enclosed please find the cheque amounting Rs. through Cheque No. Date.

Date: _____

(Finance Officer)

Note:

- Amount to be transferred to 'OVERHEAD ACCOUNT', A/C No. 1532010005173, UBI, BESUS Br. Rs.
 Cheque No. Date.

- Remaining amount as Project Cost in 'PROJECT ACCOUNT' Rs.

Copy to:

D1. Principal Investigator/Chief Investigator/Project Coordinator, Prof. - for information

D2. File No.

Date: _____

(Director of Research & Consultancy)

* Departmental Academic Committee

Research Advisory Committee

Bengal Engineering and Science University, Shibpur
Application for Transfer of Next Phase Amount of the Sanctioned Project

1. (a) Name of Principal Investigator/ Chief Investigator/ Project Coordinator of the Project & Designation : _____
 (b) Department/School/Centre : _____
2. (a) Title of the Project : _____

- (b) Sponsoring agency and type : _____
- (c) Total Amount Sanctioned for the Project
- | | | |
|------------------|--------------|-------------|
| Project Cost (X) | Overhead (Y) | Total (X+Y) |
| : Rs. _____ | Rs. _____ | Rs. _____ |
| : No. _____ | | Date: _____ |
- (d) Sanctioned Order (Please enclose copy of the Order)
- (e) Total Duration of the Project : _____
3. (a) Grant Released Letter (Please enclose copy of the Letter)
- | | |
|----------------------------------|-------------------------|
| : No. _____ | Date: _____ |
| : Cheque/DD/E-Transfer No. _____ | Date: _____ Bank: _____ |
- | | | |
|------------------|--------------|-------------|
| Project Cost (x) | Overhead (y) | Total (x+y) |
| : Rs. _____ | Rs. _____ | Rs. _____ |
| : Rs. _____ | Rs. _____ | Rs. _____ |
| : Rs. _____ | Rs. _____ | Rs. _____ |
| : Rs. _____ | Rs. _____ | Rs. _____ |
| : Rs. _____ | Rs. _____ | Rs. _____ |
| : Rs. _____ | Rs. _____ | Rs. _____ |
| : Rs. _____ | Rs. _____ | Rs. _____ |
| : Rs. _____ | Rs. _____ | Rs. _____ |
- (b) Amount released from the Sponsoring Agency
- | | | | |
|-----------------------|-------------|-----------|-----------|
| 1 st Phase | : Rs. _____ | Rs. _____ | Rs. _____ |
| 2 nd Phase | : Rs. _____ | Rs. _____ | Rs. _____ |
| 3 rd Phase | : Rs. _____ | Rs. _____ | Rs. _____ |
| 4 th Phase | : Rs. _____ | Rs. _____ | Rs. _____ |
| 5 th Phase | : Rs. _____ | Rs. _____ | Rs. _____ |
| 6 th Phase | : Rs. _____ | Rs. _____ | Rs. _____ |
| 7 th Phase | : Rs. _____ | Rs. _____ | Rs. _____ |
- (c) Total Amount received so far : Rs. _____
- (d) Balance to be released : Rs. _____
- (e) Bank, Branch & Project A/C No. : _____
4. (a) Official Date of Implementation/ Commencement of the Project : _____
- (b) Date of DAC* meeting for report of sanctioned project : _____
- (c) Date of RAC# meeting (Please enclose copy of the minutes of the meeting) : _____

 (Principal Investigator/ Chief Investigator/ Project Coordinator)
 Date: _____

 (HoD / DoS / HoC)
 Date: _____

seal

(For DRC Office use only)

A1. Checked and verified.

 (Dealing Assistant, Office of DRC)

Date: _____

B1. To: The Finance Officer, BESUS

Please arrange to issue cheque(s) for amount(s) mentioned against Para 3(b) above to the undersigned.

Date: _____

(Director of Research & Consultancy)

(For the use of Finance Officer)

C1. Chief Cashier

(i) Please pay Rs. _____ to 'PROJECT ACCOUNT'. (A/C No 1532010005180, UBI, BESUS Br.)
 from A/C No. _____ UBI, BESUS Br. Ref. File No. _____

(ii) Please pay Rs. _____ to _____, A/C No. _____
 from A/C No. _____ UBI, BESUS Br through Cheque No. _____ Date: _____

C2. Director (R&C)

Enclosed please find the cheque amounting Rs. _____ through Cheque No. _____ Date: _____

Date: _____

(Finance Officer)

Note:

- Amount to be transferred to 'OVERHEAD ACCOUNT'. (A/C No 1532010005173, UBI, BESUS Br.) Rs. _____
 from 'PROJECT ACCOUNT' through Cheque No. _____ Date: _____
- Remaining amount as Project Cost to be transferred to 'PI's Project Account' Rs. _____
 from 'PROJECT ACCOUNT' through Cheque No. _____ Date: _____

Copy to:

D1. Principal Investigator/Chief Investigator/Project Coordinator, Prof. _____ - for information

D2. File No. _____

Date: _____

(Director of Research & Consultancy)

* Departmental Academic Committee

Research Advisory Committee

**OFFICE OF THE DIRECTOR OF RESEARCH AND CONSULTANCY
BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR
HOWRAH - 711109
EXPENDITURE TO BE BOOKED UNDER THE PROJECT HEAD**

Univ. Project Code : DRC/ / / / /

Token No..... Dt:

Bill no:Date:

TRAVELLING ALLOWANCE BILL

Name & Designation	Department	Purpose of Journey	Pay Scale	Basic Pay

PARTICULARS OF JOURNEY						Air / Rail Road with mode	Class	Amount (Rs.)	Remarks
Departure			Arrival						
Station	Date	Time	Station	Date	Time				
Reservation Charge					Days	Rate			
Daily Allowance									
Hotel/Guest House Charge									
D.A. Hotel Rate									
D.A. Guest House/ Ordinary Rate									
Conveyance Charge:							Rs. ...		
Less: Amount of Advance (if any)							Total ...		
Rupees in words							Net Claim		
CERTIFICATE: I hereby declare that the charges entered in the bill are correct and have not been claimed previously and that each journey was undertaken for and was authorized by The modes of travel & expenses incurred according to regulation of the Institute. Further certified that the Institute's vehicles have not been used for which local traveling claimed									

Signature of the Project Investigator

Signature of the Touring Officer

Passed for payment Rs..... (Rupees.....)only

Signature of Director Research and Consultancy

Pay Rs. (Rupees.....)only

Drawn by : Name of Payee:.
 Cheque no:.....
 Date:.....
 Amount : Rs.....