DIBRUGARH UNIVERSITY INSTITUTE OF ENGINEERING AND TECHNOLOGY, DIBRUGARH-786004, ASSAM

TEQIP-III

Internal Accounts Documents

(Approval Number: DUIET-TEQIP/)

FORMAT for Settlement of Accounts: TEQIP-III

Incomplete applications will not be processed (To be prepared by Event coordinators after the event. All the forms have to be submitted to DUIET-TEQIP office.)					
STATEMENT O	STATEMENT OF EXPENDITURE SUB HEADS under World Bank TEQIP-III				
Name of the Ev	ent/ Course:				
Department / C	entre:				
Coordinator (s):					
Date(s) of Even	: (From To)		_Duration	(In Days)	
Total No. of Par	ticipants Attended:				
(Please attach signatu	re sheets of all participants includir	ng from within DUIET who	attend on walk-in basis. See Annex	ture AC1.):	
		<u>Expenditure</u>	Overview Table		
SI No Expendit	ure Head/Description	Total	Annexure	Annexure with details Attached Yes/No	
1 Boarding (includin Persons'			AC3		
	rield Trips (includir persons both National Itional)	ng	AC4		
3 Honorari Persons	um to Resourd Experts: (External)	ce	AC2		
Kit, Publi	laterial; Consumables; cations; Digital Video CT costs/ Etc.		AC5		
Manager computa samples	ncy (Local Transpor nent costs, tional charges, demo & lab materials used QIP event etc. etc.		AC5		
	TOTA	AL .			
(In words:					
	<u>Total Adva</u>	ance Funds Receive	ed under DUIET-TEQIP:		
Total funds Rece	ved as Advance Rs				
Expenditure incurred Rs					
Balance Due to C	pordinator of the event (if	f any) Rs			

		Cheque No		Bank_	K (Please attach a photo copy of the Cheque)
-					n sanctioned & all bills / vouchers counter signed by me/us s, Copy of Notes distributed, Photos /Video recordings etc.
					Signature with name & dates TEQIP Course Coordinato
Material /Notes gi Photographs / Vi received by DUIE checked & found i data base. Ackno Event Coordinator	& Feedb ven to Pa deo /Disc T-TEQIP on order. A wledgem	orticipants has be cussion Recordi office. Account Accounts have b	ubmitted. Sample een enclosed. Proce ngs etc. if any have settlement docume een entered in TEQ mission has been a	edings / ve been ents are IP office given to	2. AC2: List of Honorarium to Resource Person 3. AC3: Boarding & Lodging Bills 4. AC4: TA Receipts / Forms / Settlement copie 5. AC5: Contingency including payment to Students assistants, daily wagers & Consumable Expenditure etc. 6. Any Other:
Project Officer			Coordinatro	,TEQIP	
			Acknowle	edgem	
	the	relevant	documents	to	of DUIET, Dibrugarh University has TEQIP-III office of Dibrugarh for
omitted all	tile				

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From TEQIP-III Office

AC1 List of Registered Participants (Registration Sheet of Event)

SI No.	Name of Participant	Institute	Signature	Remark

AC2 Honorarium List - Resource Persons: (Outside DUIET- Invited)

Sl.No	Name of Expert / Resource Person	Institution / Organization With address	Total Number of Hours of engagement	Honorarium Amount Total	Indicate if Voucher/ Receipt / In case of cash payment made is attached. Bank A/C details with Banking codes - for transfer - are attached.
	TOTAL				

The Event Schedule indicating slots / engagement hours of outside Resource Persons is attached for general reference.

Signature of Event Coordinator(s) with full name

AC3: Boarding & Lodging expenditure / Bills / Payments

No.	Item Description	Name of Service provider & Bill No/Indent No.	Amount	Instructions If Cash is already paid - attach receipt. Mention if payment is to be made by DUIET directly to party by Bank Transfer / Cheque against enclosed Bill / Indent

We have checked and countersigned all Bills / Receipts / Indents.

Signature of Event Coordinator(s) with full name

AC4: TA Payments / Forms /Settlement

SI.No	Name	Amount of TA as By approved DUIET account section in the TA Form.	Date / Number of DUIET TA Form filled up by claimant & scrutinized by account section before payment.	 Indicate mode of Payment - Cash / Cheque /Bank Transfer. Please mention if in case payment has yet to be Transferred through Bank / Cheque. Giving details of claimant's bank code.
	TOTAL			

Signature of Event Coordinator(s) with full name:	

AC5: Contingency & Consumables Expenditure

Including payment to Student assistants, daily wagers

Sl. No	Description of Expenditure	Amount	 Bill No. / Voucher date/ Name of service provider etc. Mention if Payment is expected to be made through Bank Transfer/ Cheque- giving details.
	TOTAL		

We have checked and countersigned all Bills / Receipts / Indents.