

Auto Fare Claim Form

Purpose for which payment of auto fare is made: _____

Paid by:
Signature _____
Name _____

Received Rs.(in figures)_____ (in words)_____

(i) Signature of payee with date _____
(ii) Name of payee _____
(iii) Auto Reg. No _____
(iv) Mobile No. _____

(For internal use only)

Certified that local travel was performed for above mentioned purpose and Rs. _____ was paid to auto driver. These expenses may please be reimbursed.

Copy of Bills for the purpose is attached for reference.

Payment verified by:

Project PI/Faculty/Officer in charge (Signature) _____

Name & Designation/Seal _____

Forwarded to: HoD/Dean (RSPC) /Internal Audit/Registrar