To The Dean- Admin, MSSSoA CUTM-PKD

Sub: Request for approval to attend 9th International Conference on Hydro - Gramin Technology, 28th - 29thOctober, 2017, International Institute of Bengal Basin, CUTM, Paralakhemundi, Odisha.

Dear Sir,

I am Atanu Deb request you to grant permission to attend 9th International Conference on Hydro-Gramin Technology, 28th -29thOctober, 2017, International Institute of Bengal Basin, CUTM, Paralakhemundi, Odisha.

Conference registration fee may kindly be reimbursed.

Thanking you

With Regards

Dr. Atanu Deb

Asst. Professor(Extension), MSSSoA

Grade



## **JAGANNATH INSTITUTE FOR TECHNOLOGY & MANAGEMENT**

**PARALAKHEMUNDI** 

Date: 5/11/2017

| Name of Employee        | : | Atanu Deb. |
|-------------------------|---|------------|
| Purpose of Expenditure  | : | Conference |
| Expenditure Budget Head | : |            |

## SETTLEMENT OF EXPENDITURE

| SI. No. | Details of Expenditure            | Amount (Rs.) |   | Amount (Rs.) |  |
|---------|-----------------------------------|--------------|---|--------------|--|
| 01      | Registation fees                  | 2000/        | _ | 2000/-       |  |
| 02      |                                   |              |   |              |  |
| 03      |                                   |              |   |              |  |
| 04      |                                   |              |   |              |  |
| 05      |                                   |              |   |              |  |
| 06      |                                   |              |   |              |  |
| 07      |                                   |              |   |              |  |
| 08      |                                   |              |   |              |  |
| 09      |                                   |              |   |              |  |
| 10      |                                   |              |   |              |  |
| 11      |                                   |              |   |              |  |
| 12      |                                   |              |   |              |  |
|         | Total Expenditure :               | 2000/-       |   | 2000/        |  |
|         |                                   |              |   |              |  |
|         | Less advance taken (if any) :     |              |   |              |  |
|         |                                   |              |   |              |  |
|         | Balance to be (Refund/ Payment) : |              |   |              |  |

Signature of Claimant

Recommended by

(Dean/Dy. Registrar/HOD)

Checked by

Registrar

Dy. Registrar Finance

## JIT M 2017 - 2018

At-VillageAlluriNagar,P.O.-RSitapur,Via-UppaladaParalakhemundi,Dist: Gajapati – 761211,Odisha, IndiaPhone:(06815) 222999,223088, Fax: (06815)222150

## Journal Voucher

No.: JV/03/298

Dated:

10-No

| Particulars   |    | Debit    | (    |
|---|----|----------|------|
| Conference Registation Fee  | Dr | ₹2000.00 |      |
|   |    |          | ₹200 |
| Atanu Deb   |    |          |      |
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| Account of:   |    |          |      |
|   |    |          |      |
| ing the expenses incurred by Atanu Deb for conference purpose is now accounted. |    |          |      |
|   |    |          |      |
|   |    | ₹2000.00 | ₹200 |

Authorised Signa