To The Dean CUTM-PKD

Sub: Request for approval train to 2nd International Conference on Management, Science, Engineering and Application (ICMSEA-2017) at BITS, Vishakhapatnam from 22nd to 24th December-2017

Dear Sir,

I am (Satya Narayan Padhy) request you to grant permission 2nd International Conference on Management, Science, Engineering and Application (ICMSEA-2017) at BITS, Vishakhapatnam from 22nd to 24th December-2017

Conference registration fee and travel expenses may kindly be reimbursed.

Thanking you

With Regards

Satya Narayan Padhy

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## JAGANNATH INSTITUTE FOR TECHNOLOGY & MANAGEMENT

**PARALAKHEMUNDI** 

Date : ... 02/01/2018

| Name of Employee | : | Salya Narayan Paa | llry |
|------------------|---|-------------------|------|
|                  |   |                   |      |

Purpose of Expenditure : \_\_\_\_\_\_ Conference

Expenditure Budget Head:

## SETTLEMENT OF EXPENDITURE

|         | SETTLEMENT OF EXPENDI             |              |  | A            |   |  |
|---------|-----------------------------------|--------------|--|--------------|---|--|
| SI. No. | Details of Expenditure            | Amount (Rs.) |  | Amount (Rs.) |   |  |
| 01      | Travel Allowance                  | 8265/-       |  | 8265/-       |   |  |
| 02      | Jiww                              | \            |  |              |   |  |
| 03      |                                   |              |  |              |   |  |
| 04      |                                   |              |  |              |   |  |
| 05      |                                   |              |  |              |   |  |
| 06      |                                   |              |  |              |   |  |
| 07      |                                   |              |  |              |   |  |
| 08      |                                   |              |  |              |   |  |
|         |                                   |              |  |              |   |  |
| 09      |                                   |              |  |              |   |  |
| 10      |                                   |              |  |              |   |  |
| 11      |                                   |              |  |              |   |  |
| 12      | Total Expenditure :               | 8265/-       |  | 8265/-       |   |  |
|         |                                   | 3200         |  |              |   |  |
|         | Less advance taken (if any) :     |              |  |              |   |  |
|         |                                   |              |  |              | 1 |  |
|         | Balance to be (Refund/ Payment) : |              |  |              |   |  |

Signature of Claimant

Recommended by (Dean/Dy. Registrar/HOD)

Checked by

Dy. Registrar Finance

Registrar

J I T M 2017 - 2018 At-VillageAlluriNagar,P.O.-RSitapur,Via-UppaladaParalakhemundi,Dist: Gajapati – 761211,Odisha, IndiaPhone:(06815) 222999,223088, Fax: (06815)222150

## JournalVoucher

No.: JV/03/288

| NoJV/03/288   |    | Dat      | ed: 8 <b>-Jan-18</b> |
|---|----|----------|----------------------|
| Particulars   |    | Debit    | Credi                |
| Conference Registation Fee To Satyanarayan Padhy  | Dr | ₹8265.00 | ₹8265.00             |
|   |    |          |                      |
|   |    |          |                      |
|   |    |          |                      |
|   |    |          |                      |
|   |    |          |                      |
|   |    |          |                      |
|   |    |          |                      |
|   |    |          |                      |
| On Account of:<br>Being the expenses incurred by Satyanarayan Padhyfor conference purpose is now accounted. |    |          |                      |
|   |    |          |                      |

AuthorisedSignatory

₹8265.00

₹8265.00