To The Dean CUTM-PKD

Sub: Request for approval to attend 3rd International Conference on Management, Science, Engineering and Application (ICMSEA-2018) at BITS, Vishakhapatnam from 20th to 23rd Dec-2018

Dear Madam,

I am P Satyanarayan Raju Request you to grant permission to attend the 3rd International Conference on Management, Science, Engineering and Application (ICMSEA-2018) at BITS, Vishakhapatnam from 20th to 23rd Dec-2018.

Conference registration fee and travel expenses may kindly be reimbursed.

Thanking you

With Regards

Dr. P Satyanarayan Raju

Gor of to



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

**PARALAKHEMUNDI** 

|      | 25  | 12 | 18 |  |
|------|-----|----|----|--|
| Date | 101 |    |    |  |

| Name of Employee               | : | Dr. p. satyangrayan ragge<br>Dcrasen |
|--------------------------------|---|--------------------------------------|
| Purpose of Expenditure         | : | OCTASEA 0                            |
| <b>Expenditure Budget Head</b> | : |                                      |

## SETTLEMENT OF EXPENDITURE

| SI. No. | Details of Expenditure           | Amount (Rs. | ) | Amount (Rs., | ) |
|---------|----------------------------------|-------------|---|--------------|---|
| 01      | Registration fee                 | 3000        |   | 3000/        |   |
| 02      |                                  |             |   |              |   |
| 03      |                                  |             |   |              |   |
| 04      |                                  |             |   |              |   |
| 05      |                                  |             |   |              |   |
| 06      |                                  |             |   |              |   |
| 07      |                                  |             |   |              |   |
| 08      |                                  |             |   |              |   |
| 09      |                                  |             |   |              |   |
| 10      |                                  |             |   |              |   |
| 11      |                                  |             |   |              |   |
| 12      |                                  |             |   |              |   |
|         | Total Expenditure :              | 3000/-      |   | 3000/-       |   |
|         |                                  |             |   |              |   |
|         | Less advance taken (if any) :    |             |   |              |   |
|         |                                  |             |   |              |   |
|         | Balance to be (Refund/ Payment): |             |   |              |   |

Signature of Claimant

Recommended by (Dean/Dy. Registrar/HOD)

Checked by

Dy. Registrar Finance

Registrar

## JIT M 2018 - 2019

At - Village Alluri Nagar, P.O. - R Sitapur, Via- Uppalada Paralakhemundi, Dist: Gajapati – 761211, Odisha, India Phone: (06815) 222999, 223088, Fax: (06815) 222150

## Journal Voucher

No. : JV/03/066

Dated : 5-Jan

| Particulars   |     |          | ed : 5-Ja |
|---|-----|----------|-----------|
| Conference Registration fees  | D., | Debit    | С         |
| Dr.P Satyanarayan Raju  | Dr  | 3000.00  | 3000.0    |
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| Account of :  |     |          |           |
| ng the expenses incurred by Dr.Satyanarayan Raju for Conference purpose is now accounted. |     |          |           |
|   |     | ₹3000.00 | ₹300      |

Authorised Signato