



CSIR - CROPS RESEARCH INSTITUTE

PAYMENT ACKNOWLEDGEMENT FOR ATTENDANCE AT MEETINGS

Project Name STAFF CODE

Name of Claimant: Designation:

Journey from:..... To.....

Date..... Date.....

Title of Meeting.....

Date and Time of the meeting.....
.....

Entitlements:

- 1. Night Allowance
- 2. Transport/Fuel Allowance
- 3. Honorarium / Sitting Allowance
Less Tax (10%)
- 4. Others -

Total Claim

Qty	Unit Cost	Amount	

Amount in words:
.....

Signature of Claimant: Date:

HOD/Project Coordinator: Date:

Approval by Director: Date:

Accountant: Date:

Received by: Date:

Audited by: Date: