



# CSIR-CROPS RESEARCH INSTITUTE

## PAYMENT ACKNOWLEDGEMENT

**Project Name:** ..... **Staff Code:** .....

Name of Claimant: ..... Designation: .....

Purpose: .....

.....

**Entitlements:**

1. Per diem allowance
  2. Night Allowance
  3. Transport/Fuel Allowance
  4. Honorarium
  5. 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: .....