FEDERATION OF INDIAN EXPORT ORGANISATIONS
REIMBURSEMENT OF COST OF SNACKS/MEAL

Name		Designation	
Division			

Date	Period		Paid bill details	Entitled Amount (Rs)
	From (time)	To (time)		
			No. _____ **Date _____** **Amount _____** **M/s _____** **_____**	

Note : Please give complete details and attach original bill for reimbursement

Signature with date

Through Divn. Head

Checked by

Approved By

HoD (Finance)

Received Rs._____

(Rupees-_____)

(Receiver's Signature)

- Snacks upto Rs.50.00 provided one is required to attend the office two hours before the schedule time of reporting i.e. 7.30 AM or after two hours of schedule time of departure i.e. 8.00 PM.
- Cost of meal upto Rs.150.00 provided one is required to attend the office on holidays for more than 5 hours
- For Drivers, cost of dinner upto Rs.150.00 provided they do not partake of such official dinner

FEDERATION OF INDIAN EXPORT ORGANISATIONS
APPLICATION FORM FOR LTC

Date _____

Name: _____ I Card No. _____

Designation: _____ Division _____

Type of Leave: CL/EL From _____ To _____

Total: _____ day(s)

Purpose:

_____

Permission to : Prefix _____ Suffix _____

LTC: Home Town/Bharat Darshan Block Year _____

Place of Visit _____ Advance: Required/ Not Required _____

Self/Wife/Husband/Children: From 5-12 years _____Age _____

Above 12 years _____Age _____

Total Tickets: _____

Leave Address _____

Certified that my wife/husband is not employed/ employed.
Certificate of non-availment of LTC from her/his employer is enclosed

Signature with date

Recommended by:

Divisional Head/Regional Head

PS: Divisional/Regional Head may forward the application to Pers Div. HO for processing.

Dy. Director (Personnel) **HoD (Personnel)** **DG & CEO**

FEDERATION OF INDIAN EXPORT ORGANISATIONS
LTC CLAIM FORM

Name_____Designation_____Region_____

Leave Duration : From_____To_____Total_____

Date of Journey : Outward _____ Return_____

Mode of conveyance : Air / Rail / Bus _____ Class_____

Ticket No. & Date : _____ (Tickets / Boarding Passes Original attached)

Actual Fare Paid : Outward_____ Return _____

Reservation charges : Outward_____ Return _____

Amount claimed : Total Fare _____

Advance _____

Balance _____

Amount in words :_____

Certified that I have not submitted any other claim for LTC – Home Town / Bharat Darshan – in respect of myself or my family members included in this claim in respect of the block year _____ and _____

Certified that the journey has been actually performed by me/my husband/wife/parents with _____ children to the declared Home – Town / Bharat Darshan from _____ to _____ (Station).

Signature with date

(FOR REGIONAL OFFICE)

Certified that the particulars given in the claim are correct.

(REGIONAL HEAD)

(FOR PERSONNEL DIVISION)

All particulars have been verified and entered in record. The claim is in order.

HoD (Personnel)

(FOR FINANCE DEPARTMENT AT HO)

Total amount claimed : _____

Amount Payable (To & Fro Fare) : _____

Less - Advance paid : _____

Net amount payable : _____

Expenditure of Rs._____ may kindly be approved.

Balance amount of Rs._____ may now be paid.

HoD (Finance)

Director General & CEO

FEDERATION OF INDIAN EXPORT ORGANISATIONS
TEMPORARY ADVANCE FORM

Please give an advance of Rs._____

(Rupees_____)

For_____

_____

Signature _____

Name_____

Designation _____

Date _____

Divisional Head

HoD (Finance)

Director General & CEO

_____

Received Rs. _____(Rupees_____)

Receiver's Signature

FEDERATION OF INDIAN EXPORT ORGANISATIONS
REIMBURSEMENT OF CHILDREN EDUCATION ALLOWANCE

Name		Designation & Divn.		

CHILD DETAILS			
Name of the Child	**Age (D.O.B)**	**Class**	**Name of Education Institute**

Period		Bill Amount (Rs)	Entitled Amount (Rs)
From	**To**		

Note : Please give complete details and attach original fees receipt for reimbursement.

Signature _____

Name _____

Date_____

Approved By: -

Coordinator (Finance) **HoD (Personnel)** **HoD (Finance)**

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1. Children Education Allowance will be paid @ Rs.2500/- per month per child up to maximum of 2 children, Subject to TDS.
2. For claiming reimbursement, employee will furnish the photocopy of the fee receipt along with the original for verification. After verification, Accounts Department will put stamp as paid and return the original.
3. Children Education Allowance will be paid to the dependent children studying in pre-school to college/university from 3 years to 25 years.

* *To be filled by Accounts Department*

FEDERATION OF INDIAN EXPORT ORGANISATIONS
CLAIM FORM FOR NEWSPAPER(S)/ TELEPHONE/ MOBILE EXPENSES

Name
Division

Designation

S. No.	Item	Period		Bill Amt.	Entitled Amount	Deduction if any (10%- News Papers	Net Amount Payable (Rs.)
		From	To				
1	Newpaper(s) Expenses						
2	Telephone Exp. + Internet						
3	Mobile Expenses						
						G. Total	

(Rupees_____)

Note : Please give complete details and attach original bill for reimbursement

Signature _____

Date_____

Coordinator (Fin)

HoD (Finance)

FEDERATION OF INDIAN EXPORT ORGANISATIONS
CLAIM FORM FOR NEWSPAPER(S)/ TELEPHONE/ MOBILE EXPENSES

Name
Division

Designation

S. No.	Item	Period		Bill Amt.	Entitled Amount	Deduction if any (10%- News Papers	Net Amount Payable (Rs.)
		From	To				
1	Newpaper(s) Expenses						
2	Telephone Exp. + Internet						
3	Mobile Expenses						
						G. Total	

(Rupees_____)

Note : Please give complete details and attach original bill for reimbursement

Signature _____

Date _____

Coordinator (Fin)

HoD (Finance)

Office duty sanction order
No……

FEDERATION OF INDIAN EXPORT ORGANISATIONS
CONVEYANCE CLAIM FORM

Name……..Designation……..Divn……..

Date & Time	From (Place)	To (Place)	Object of visit specific	Mode of Conveyance	K.M.	Amount (Rs.)

Certified that I engaged the conveyance for visit to place(s) mentioned above and have paid the actual charges as detailed above. The journey was essential in the interest of the Federation. It is also certified that the office vehicle was not available for use.

Signature ……..

Date ……

Signature of Div. Head

_____

(For use by Accounts Division only)

Passed for payment of Rs……Rupees……..only)

HoD (Finance)/ DG & CEO

FEDERATION OF INDIAN EXPORT ORGANISATIONS
PETTY CASH VOUCHER

Date _____

PAY	**FOR ACCOUNTS USE ONLY**		
	Account Head	**Code**	**Amount (Rs.)**
TOWARDS			
TOTAL			

Sum of Rupees (in words)_____

Signature Of Applicant : _____

Divisional Head : _____ HoD (Finance) : _____

Cashier's Signature : _____ Receiver's Signature : _____

FEDERATION OF INDIAN EXPORT ORGANISATIONS
PETTY CASH VOUCHER

Date _____

PAY	**FOR ACCOUNTS USE ONLY**		
	Account Head	**Code**	**Amount (Rs.)**
TOWARDS			
TOTAL			

Sum of Rupees (in words)_____

Signature Of Applicant : _____

Divisional Head : _____ HoD (Finance) : _____

Cashier's Signature : _____ Receiver's Signature : _____

FEDERATION OF INDIAN EXPORT ORGANISATIONS
O.T.A. CLAIM

Name _____ Employee No. _____ Month _____ Vehicle No. _____

Date	From	To	Hours	Holiday

HoD (A & E) Signature _____

HoD (Finance) Date_____

FEDERATION OF INDIAN EXPORT ORGANISATIONS

REQUISITION SLIP FOR OFFICE VEHICLE

Date for which Vehicle required ……..

Duration From……A.M./P.M.To……A.M./P.M.

(Please indicate time)

Specific places to be visited ……

……

Purpose – Please Specify ……

Name of Official(s) using Office Vehicle 1)……

2)……..

3)……

4)……

Signature of Divisional Head

(FOR USE BY ADMIN & ESTATE CELL)

Transport Available From ……A.M./P.M.To ……A.M./P.M.

Transport not available reason being ……

Name of Driver ……

Vehicle No. DL-9CAU-0695 / DL-12CN-1974 / DL-9CAC-7016

For Use by Admin & Estate Cell

Duty Slip for Office Vehicle

Vehicle No : DL-9CAU-0695/ DL-12CN-1974 / DL-9CAC-7016

Name of Driver : ……

Name of Official(s) using Office Vehicle 1)……

2)……..

3) ……

4) ……

Date of Duty : ……

Time : From……A.M./P.M……To…… A.M./P.M.

Places to be visited : ……

HoD (A&E)

Or Authorised Official

FEDERATION OF INDIAN EXPORT ORGANISATIONS
STORE ISSUE SLIP (SIS)
(Administration & Estate Cell)

From_____ **Division**_____

Date_____

Please issue the following:

Sl No.	Item Specifications	Qty. Indented	Qty. Issued	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Signature_____
Name of the
Indenting Employee_____

Verified and recommended by
Divisional/Departmental Head

Authorised by : HoD (A&E)

Received by Sign._____

Name _____

FEDERATION OF INDIAN EXPORT ORGANISATIONS
TOUR CLAIM FORM

Name of the official	Post Held	Office	Purpose of Tour *(Please indicate the name of event with date, place/city/Country)*

Date & time of Dep. from the city of posting : Date…………………………Time………………………

Date & time of Arr. in the city of posting : Date…………………………Time………………………

Copy (ies) of boarding card(s)/air ticket(s)/rail ticket(s) in support of above details attached.

Total Advance Drawn in INR :………………………………… FOREX…………………………………….

Total Expenditure incurred / claimed to be supported with paid bill (s)/voucher(s)			
SL NO.	**PARTICULARS**	**INR**	**FOREX**
1.*	Stay (from to)		
2.	DA (from to)		
	Others (Please Specify)		
3.*			
4.*			
5.*			
6.*			
7.*			
	TOTAL		

Supporting document(s) attached.
Amount refundable in INR :……………………………… FOREX…………………………………

OR

Amount of INR:……………………………………………..FOREX……………………..may be reimbursed.

I hereby declare that Lunch and or Dinner or both were provided/ not provided by the organisers. If yes, the details are as follows:

Date	Lunch	Dinner

Divisional/ Regional head Signatures with date

.-.

Forwarded to the Finance Division (HO) ***Space for use by the Finance Division***

FEDERATION OF INDIAN EXPORT ORGANISATIONS

Form for obtaining permission to work late

Beyond office hours/ on holiday (s)

Department_____

Work (Specify) _____

_____

Date ……. Time: From ……. AM/PM to ……. AM/PM

Name of Officials who are required to work:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Name of the supervising official _____

Divisional Head

Permitted / Not Permitted

HoD (Personnel) / DG & CEO

The office should be kept open on _____ from _____AM/PM to _____ AM/PM.

Officials mentioned above will be working during the period.

These employees will mark their arrival/departure in the attendance Punching machine for work beyond office hours.

Signature of HoD (A&E)

Security Guard (for Necessary action)

FEDERATION OF INDIAN EXPORT ORGANISATIONS

Application for Festival Advance

Permissible upto the Post of Executive Assistant

1	Employee Name	:	_____
2	Designation	:	_____
3	Place of Working	:	_____
4	Basic Pay	:	_____
5	Festival for which advance is required and Date of festival	:	_____
6	Month in which last installment of Previous Festival Advance recovered	:	_____

Signature of the Applicant
Dated:

Recommended by:

Divisional/Regional Head

Finance Division (H.O.)

Permissible Amount : _____

Checked By

Approved By: -

HoD (Finance)