

**CENTER FOR TECHNOLOGY DEVELOPMENT AND TRANSFER
ANNA UNIVERSITY: CHENNAI 25.**

Form for reimbursement form

Professional Development Fund

Name of the Faculty :

Employee Code No. :

Dept/Centre/Institute :

Please debit my PDF A/c noted above and pay/reimburse me towards the following (item ticked).

I enclose here with _____ Nos. of original voucher duly certified / countersigned.

Telephone Expenses

National Travel Expense

(T.A. Claim with the approval of Director, CTDT/Registrar) please attach copy of the ticket and boarding pass for air travel

Engagement of Taxi

International Travel Expense

(T.A. Claim with the approval of Director, CTDT/Registrar) please attach copy of the ticket and boarding pass for air travel

Health / Accident Insurance

Membership in professional Bodies

Health Insurance during visit abroad

Local Hospitality/Refreshment expenses

Purchase of Books/Journals

Purchase of materials/Equipment

I certify that

1. Consumable items / Eqpt. Have been taken in to Stock Register
2. Personal funds were used for the above.
3. No claim has been / will be made from any other source.
4. Approval of the University obtained through CTDT for international travel.
5. The bills are in my name.
6. The expenditure incurred above is for the advancement of the project activity only.

Signature with Date