



CENTRE FOR TECHNOLOGY DEVELOPMENT AND TRANSFER

ANNA UNIVERSITY :: CHENNAI 600 025

SALARY CLAIM BILL

Month: 2019

M.H.No:

Project Procs.No.& date:

Bill No:

Principal Investigator name:

Designation:

Department & Campus:

Project Title:

Project period:

Extension, if any:

Funding Agency:

Project Staff Name:

Designation:

Tenure:

Leave availed (Days):		Salary particulars	Period of claim	Amount in Rs.
Balance (Days):		Stipend (in Rs.):		
No. of days present:		HRA (in Rs.):		
Loss of pay (days):		Others(Specify):		

Account No:		NAME OF THE PAYEE "YOURSELVES" (Under Rupees only)
IFSC Code:		

Appropriation (Rs.)		Certified that the Claim bill made in this bill was not drawn earlier, If any excess claim is notified later it will be refunded by me. Stamped acquittance with Signature
Amount spent so far Including this bill (Rs.)		
Balance amount (Rs.)		

1. Certified that the leave is granted as per leave eligibility maintained in the leave register
2. Certified that the claim is in order and may be admitted
3. Certified that the claim has been recorded in the fellowship register vide page No. _____ Sl. No. _____

Signature of the Principal Investigator

Signature of the Head of the Department

CTDT OFFICE USE ONLY

Compilation Page No.

Entered in Appropriation Register / VDS _____	Voucher No: _____
Folio No. _____ Year 20____ - 20____	Paid Rs. _____
Passed for and to Pay Rs. _____	Payment mode: _____
Rupees _____	Dated _____ f or Rs. _____
ASST. SUPDT. DIRECTOR	ASST. SUPDT. DIRECTOR

Enclose the Copy of the following: (Please ✓ wherever applicable)

1	At the time of Joining		
	1.1	Minutes of the Selection Committee Meeting.	
	1.2	Appointment Order and Terms and Conditions from HOD	
	1.3	Joining Report	
	1.4	Bank Pass Book First page	
2	Attendance copy every month		
3	Project Staff extension order, if any		
4	Project Period extension order, if any		
5	Pay Revision order, if any		
6	Resignation letter, if any		