



**CENTRE FOR TECHNOLOGY DEVELOPMENT AND TRANSFER
ANNA UNIVERSITY :: CHENNAI 600 025**

SALARY CLAIM BILL

Consultancy acceptance no: _____

Month: _____

20

Bill No: _____

Consultant name:
Department & Campus:
Consultancy Title:
Firm name:
Duration of the Consultancy period:

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 Rupeesonly)
IFSC Code :		

Appropriation (in Rs.)		<i>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.</i> Stamped acquittance with Signature
Amount spent so far Including this bill (in Rs.)		
Balance amount available (in 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 _____ for 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	Consultancy Staff extension order, if any		
4	Consultancy Period extension order, if any		
5	Pay Revision order, if any		
6	Resignation letter, if any		