

Form 6

Expenditure Settlement of Short Term Course

SECTION: A

1. Name of the Principal Faculty: _____
2. Department / Centre: _____
3. Title of STC: _____
4. Dates of the STC: From: _____ to _____

SECTION: B

1. Total Number of Participants attended the STC as per "Form 4": _____
2. Number of Participants: ST SC OBC Gen
3. Expenditure Overview :

Sl. No.	Expenditure Heads	Total Amount (in Rs.)
1	Travel Cost for External Expert(s) & Field Trip (if any)	
2	Logistic cost (Accommodation & Food Expenses, Course Material Cost and Contingency)	
3	Honorarium (Experts/Principal Faculty & Co-Principal Faculty/ Ancillary Staff)	
Total		

4. Attachment Check List:

Sl. No.	List of Enclosures	Course Coordinator(Y/N)	QIP Office(Y/N)
1	A1: Travel Cost External Expert(s) and participants & Field Trip (if any) (with supporting bills)		
2	A2: Accommodation & Food Expenses, Course Material Cost, Publications and Contingency. (with supporting bills)		
3	A3: Honorarium: In-house Experts, External Experts, Principal Faculty & Co-Principal Faculty and Ancillary staff.		
4	Form 4 : Attendance Sheet of Participants (Soft and Hard Copy)		
5	Principal Faculty's Report (Soft and Hard Copy)		
6	Feedback Forms (Soft and Hard Copy)		
7	Hard and soft copies of Materials distributed to Participants		
8	Photographs of the event		

I/We hereby certify that:

- (i) The Grants have been spent for the purpose for which it was sanctioned and as per QIP & Institute norms.
- (ii) All bills / vouchers / receipts are counter signed by Principal Faculty & Co-Principal Faculty.
- (iii) Stock entry done (wherever applicable).



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Signature of Principal Faculty & Co-Principal Faculty

Name (s): _____

Date: _____

Forwarded:

Signature and seal of the Head,
Department/Center

For use at QIP office

Checked:

- ☐ Expenditure settlement form is checked, table in 'Attachment Check List' is verified and found in order.
- ☐ Expenditure have been entered in QIP office data base.
- ☐ Acknowledgement of this submission has been given to the Principal Faculty through Officer-in-Charge.

Signature (CET/QIP office)

Date: _____

Signature (Officer-in-Charge, CET)

Date: _____

Forwarded to Dean (AA) with relevant attachments and recommended for settlement.

QIP Coordinator & (Head CET)

Date: _____

For use at QIP office: Post Processing

Checked:

- ☐ Information is sent to the Principal Faculty that his/her form is processed from CET & sent to Dean (AA) for financial settlement.

Signature (QIP office)

Date: _____



Quality Improvement Programme
Supported by AICTE / MHRD

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Centre for Educational Technology



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A1: Travel Cost for External Expert(s) and Participants

Sl. No.	Name(s)	Mode of Journey (Air/ Train/ Bus)	Fare	Amount to be paid to DTA (in Rs.)	Amount to be paid to External Experts/Participants through DBT (if applicable, in Rs.)

Note: Booking of the tickets for an external expert/participants should be done through DTA by Principal Faculty.

Bank a/c details of External Expert(s)/Participants

Name	A/C No.	IFS Code	Name and Branch of the Bank

Signature of Principal Faculty & Co-Principal Faculty

Date: _____

For QIP office use

Sl. No.	Description	Signature (QIP office)
1.	Checked and found in order. Put up for consideration.	
2.	Remarks (if any):	

☐

Approved

☐

Not approved

Forwarded to Dean (AA), with a request to disburse the amount Rs. _____ to DTA and Rs. _____ to the beneficiary (if applicable).

Signature of QIP Coordinator (Head CET)

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A2: Logistic cost (Accommodation & Food Expenses, Course Material Cost and Contingency)

Sl. No.	Description of Expenditures	Name of Vendor/Service provider	Bill/Indent No. & Date	Amount to be paid by F&A section directly to the vendor
1	Accommodation Expenses			
2	Food Expenses			
3	Course Materials Expenses			
4	Contingency			
Total				

Signature of Principal Faculty & Co-Principal Faculty

Date: _____

For QIP office use

Sl. No.	Description	Signature (QIP office)
1.	Checked and found to be in order. Put up for consideration.	
2.	Remarks (if any)	

☐

Approved

☐

Not approved

Forwarded to Dean (AA), with a request to disburse the amount Rs. _____ to the vendor(s) as per the details mentioned above.

Signature of QIP Coordinator (Head CET)

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A3: Honorarium Details for Internal Expert, External Experts, Principal Faculty & Co-Principal Faculty and Ancillary Staff.

a) Internal Expert(s):

Sl. No.	Name	Institution / Organization with address	Total Number of lectures	Bank A/C Details	Total Honorarium Amount (Rs.)

b) External Expert(s):

Sl. No.	Name	Institution / Organization with address	Total Number of lectures	Bank A/C Details	Total Honorarium Amount (Rs.)

c) Principal Faculty & Co-Principal Faculty:

Sl. No.	Name	IITG Emp. ID	Total Honorarium Amount (Rs.)

d) Ancillary Staff:

Sl. No.	Name	Staff/Student	IITG Emp.ID (in case of Staff)	Bank A/C Details (in case of student)	Total Honorarium Amount (Rs.)

Signature of Principal Faculty & Co-Principal Faculty

Date: _____



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For QIP office use

Sl. No.	Description	Signature (QIP office)
1.	Checked and found to be in order. Put up for consideration.	
2.	Remarks (if any)	

☐

Approved

☐

Not approved

Forwarded to Dean (AA), with a request to disburse the amount Rs. _____ to the beneficiary as per the details mentioned above.

Signature of QIP Coordinator (Head CET)

Date: _____