

## Request for Research Expenses

Name : \_\_\_\_\_ Period From \_\_\_\_\_ To \_\_\_\_\_

Designation : \_\_\_\_\_

Research Details: \_\_\_\_\_

### Expense Details:

S. No.	Expenses Particulars	Details	Amount
I	Traveling Domestic/ International		
II	Conference/Registration Fees		
III	Equipment Purchase		
IV	Other / Advance for Exp.		
<b>Total</b>			
<b>Less Adv. if Any</b>			
<b>Net Due</b>			

### Authorization

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of applicant**

**Note:** All relevant documents/bills should be submitted within 7 days after completion of an event.