



Birla Institute of Technology & Science, Pilani

Hyderabad Campus

Faculty Affairs Division

Relocation Expenses Claim Form

(To be submitted within the first month of joining)

Date: _____

The Head, Accounts & Finance
BITS Pilani, Hyderabad Campus

Through Proper Channel (FAD, BITS Pilani Hyderabad campus)

Sub: Reimbursement of relocation expenses

Dear Sir/ Madam,

I Prof..... PSRN have Joined in Department of as (designation) on Kindly approved the reimbursement of the following expenses spent on my relocation from to

Eligibility Limit for Reimbursement of Relocation Expenses (Please see the rules):

☐

Rs. 2,00,000/-

☐

Rs. 50,000/-

☐

Rs. 25,000/-

Statement of Expenditure:

SR#	Expenditure Details	Mode of Transport	Date of Journey / Booking	From	To	Amount		Remarks if any (will be filled in by the office)
						Claimed (Actual)	Approved (will be filled in by the office)	
1	Travel details							
2	Luggage Shifting Details							
Total								

Signature, HoD:

Signature of the Claimant

Date:



Birla Institute of Technology & Science, Pilani
Hyderabad Campus
Jawahar Nagar, Shameerpet Mandal
Hyderabad 500078, Telangana, India

Tel: +91 40 6630 3999
Fax: +91 40 6630 3998
Email: gad@hyderabad.bits-pilani.ac.in
Web: http://www.bits-pilani.ac.in/hyderabad



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FAD office purpose

The claim has been verified and found to be in order for an amount of Rs.

Rs..... only

ERP Department Code ----- ERP Budget Code:

Signature of the Associate Dean FAD

Approved/ Not Approved

Signature of the Dean Administration

UNDERTAKING

Date:_____

Name of the Faculty Member ----- PSRN.....

Designation Department Date of Joining

I hereby undertake to repay the amount of Relocation expenses reimbursed to me by the Institute in case I resign before completion of three years of service in the institute as per rules.

Signature of the Faculty member



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