NACTE REIMBURSEMENT BILL

Name of Evaluator:……..Designation : ……BPS……..

CNIC # | | | | | | - | | | | | | | | - | |

Official Address and phone #:……

Name of Institution visited…….

Name of Program Evaluated……...

Visit dates: From……..to ……...

Travel/Itinerary	**Amount(Rs)**
Mode of Travel: Road Train Air: Cost of air Ticket **Arrival** Date: **Departure** Date: Head quarter ……..Destination……. Road Distance: x 2 = Km @ Rs. 10.00 = Rs.	
DA: as admissible (under rules):	
Honorarium @4000/ working day:	
Miscellaneous (attach original receipt)	
Certified that the entries mentioned above are correct: Total PAK Rs.	

Evaluator's Signature for Claim_____

Evaluator's signature for Receiving_____

For Office Use only

Check list for Desk Analysis

Check the following for each Program

Sr#	Description	#	YES	NO	Remarks
1	**Filled in Tools**	**10**			
2	**Individual Audit Report**	**1**			
3	**Consolidated Report**	**1**			
4	**Improvement Forms**				
4a	• Accreditation Tools	**1**			
4b	• Procedures	**1**			
5	**Copies of Documents for Analysis**				
6	**Reimbursement Bills**	**1**			
7	**Documents for Reimbursement**	**-**			
7A	• Air Ticket and Boarding Card / Registration papers of personal Car	**-**			
7B	• Receipts of / contingent expenditures Mailing and Others	**-**			

Verified / Not Verified due to non-compliance of the 1, 2, 3, 4a, 4b,5, 6, 7A, 7B

Name of NACTE staff_____ Signature _____Date._____

Secretary NACTE……Signature……..Date……

Pre-Audited and passed for payment of **Rs……** **Rupees…….** **Auditor** **Resident Auditor**	**Gross Amount of bill……** **I.Tax Deducted:……** **Net amount payable: ……** **Cheque #.....Dated:……**

_____ _____ _____

Admin and finance Office Secretary NACTE Chairperson NACTE

Dispatch#..... Date:……