STATEMENT OF EXPENDITURE

Title o	of the Programme: INSA Bi	lateral Exchange Program	me
INSA	Sanction Letter/Email No.	and date:	
Name	of Scientist:		
Host I	Name and Institute Address	:	
Visit o	duration: From	То	
Sl. No.	Sanctioned Heads	Expenditure Incurred	Amount to be reimbursed (As per INSA Sanction)*
1	Per Diem		F
2	Local Travel in India		
3	Other Vouchers (if any)		
4	Total		
*: Att	ach supporting documents f	From SI. No 1 to 3.	
(Name & Signature of the Host Scientist)		(Finance Officer of Institute/University)	(Head/Registrar of Institute/University)