

National University
of Computer and Emerging Sciences

**Seminar/ Workshop/ Conference Organization**

 **Reimbursement Form**

**Organizer Details**

|  |  |
| --- | --- |
| Name & Designation |  |
| Grant Award Number |  |
| Event Name & Dates  |  |

**Expense Details (In Actual)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No** | **Head** | **Approved Amount** | **Actual Amount (as per Invoice)** | **Refund Claim** |
| 1 | Remuneration for Invited Speakers |  |  |  |
| 2 | Accommodation for Invited Speakers |  |  |  |
| 3 | Air Travel for Invited Speakers |  |  |  |
| 4 | Entertainment |  |  |  |
| 5 | Publication |  |  |  |
| 6 | Stationery |  |  |  |
| 7 | Any other |  |  |  |
|  | **Total** |  |

**Income Details (In Actual)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Head** | **Expected****Amount** | **Actual Amount (as per Invoice)** | **Total Income** |
| 1 | Registration Fee (Authors) |  |  |  |
| 2 | Registration Fee (Participants) |  |  |  |
| 3 | Sponsors |  |  |  |
| 4 | Any other Income (please specify) |  |  |  |
|  | **Total Amount** |  |  |

**Profit Loss Statement**

|  |  |  |
| --- | --- | --- |
| **Actual Income** | **Actual Expenses** | **Profit/Loss)** |
|  |  |  |

**Attachments**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Item** | **Yes** | **No** |
| 1 | Copy of University Award / Sanction letter. |  |  |
| 2 | A copy of HEC Reimbursement Claim submission at least 60 days before the fiscal year closing |  |  |
| 3 | Detailed CV of the Focal Person / Principal Organizer of the event |  |  |
| 4 | A list of Foreign Invited Speakers |  |  |
| 5 | Abstracts of presentation of Foreign/Local Invited Speakers |  |  |
| 6 | A list of National Invited Speakers |  |  |
| 7 |  Complete Brochure of the Event containing Aims, Objectives, Themes, and Registration Process. |  |  |
| 8 | A copy of the Detailed and Updated Program of the event indicating the following:* Sessions
* Name of Presenter (Invited/Registered)
* Title of Presentations
* Allocated timeslots
 |  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 9 | A list of Organizing Committee |  |  |
| 10 | A detailed list of Publication items (Printing of Proceedings or Abstract Book, Printing of Banners and Brochures, without Bags, Shields, and Souvenirs). |  |  |
| 11 | Item wise details of the Stationery along with quantity and rate? |  |  |

**Undertaking by the Principal Organizer**

|  |
| --- |
| On behalf of the Organizing Agency and Working Committees, I hereby undertake and affirm that:* All the information provided above is true to the best of my knowledge and belief.
* All the supporting documents submitted are authenticated.
* All the details of the expenses and income are supported with evidences of the Bills/Receipts against each head.

Signature of Principal OrganizerWith Office Stamp and Date: |

**Campus Accounts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Code** | **Head Name** | **Budgeted Amount(PKR)** | **Requested Amount(PKR)** | **Remaining Budget(PKR)** |
| 730100006 | Research Workshop/Seminar Expenses |  |  |  |
| **Total Research Budget** |  |  |  |
| Name |  | Designation |  |
| Date: |  | Signature |  |

**Campus Director**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Remarks | Recommended | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Not Recommended | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png |
|  |
| Name |  |
| Date: |  | Signature |  |

**NUCES-HQ**

**ORIC**

|  |  |
| --- | --- |
| Remarks by Manager (RM) |  |
| Date |  | Signature |  |
| Remarks by Grants Management Officer |  |
| Date |  | Signature |  |
| **Director ORIC** | Recommended | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Not Recommended | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png |
| Date: |  | Signature |  |

**Internal Auditor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Remarks | Recommended | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Not Recommended | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png |
|  |
| Name |  |
| Date |  | Signature |  |

**Treasurer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Remarks | Recommended | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png | Not Recommended | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png |
|  |
| Name |  |
| Date |  | Signature |  |

**Rector**

|  |  |  |
| --- | --- | --- |
| Remarks | Approved | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png |
| Not Approved | C:\Users\Admin\AppData\Local\Temp\msohtmlclip1\01\clip_image001.png |
| Name |  |
| Date |  | Signature |  |