

**RAJIV GANDHI INSTITUTE OF PETROLEUM TECHNOLOGY  
RAEBARELI, UTTAR PRADESH**

**REIMBURSEMENT OF RELOCATION EXPENSES**

Employee Name (Claimant)		Department/Section/ Unit/Center	
Email Address & Telephone No.		Category of Staff	Teaching / Non-Teaching
Appointment Letter No.		Date of employment commenced	
Job Title & Grade		Full or Part Time Appointment	
Address Relocated From			
	Do/Did you own <input type="checkbox"/> or <input type="checkbox"/> rent or <input type="checkbox"/> Government or <input type="checkbox"/> Other property. (please tick as appropriate)		
New Address			
	Please tick to confirm this is your main residence <input type="checkbox"/>		
Have all members of the household moved to the same dwelling (i) YES (ii) NO (If NO, list of members with relationship with employee in remarks section)		Remarks:	
Date of Travel	Point of Departure	<u>From</u>	<u>To</u>

**Description of Expenses**

*Instruction: You may be eligible for reimbursement of actual and reasonable moving costs and related expenses in connection with your relocation. (Please attach receipts, Invoice and supporting documentation for all expenses claimed)*

Expenses Details (Moving Cost Expenses)	Commercial Supplier (Actual Cost)	Self Move (Actual Cost)
1)		
2)		
3)		
4)		

*Note: Service tax and Education Cess included in the transportation bill are reimbursable upto the admissible limit of the claim.*

**Employee Declaration**

I declare that the expenses claimed are in accordance with the rules and eligibility criteria set out in the Institute's and that no other claim has been or will be made for this expenditure from the Institute or any other organization.

I understand that if I resign before completing two year in the service of the Institute, I will be required to repay on a pro rata basis any relocation assistance received from the Institute.

Signature with Date: \_\_\_\_\_

**(For Office Use)**

Reimbursement for relocation expenses is authorized, in the amount indicated for the above appointee:

(Checked By)

(Counter signed by RGIPT Officer)

Claim approved by (Head of Institution/comparable authority):

₹ \_\_\_\_\_  
(Signature with Designation)