



**Manipal Center for Infectious Diseases**  
MAHE, Manipal- 576104  
**Travel Expenses Report**

Name of the student	
Department	
Institution	
Email ID	
Mobile Number	

<b>Details of Travel</b>				<b>Amount (Rs.)</b>	<b>Remarks</b>
<b>Date</b>	<b>Time</b>	<b>From</b>	<b>To</b>		

<b>Details of Accommodation</b>		

<b>Details of Registration Fee/Charges (If applicable)</b>		

<b>Details of other Expenses (If any)</b>		

<b>Total</b>		

Net Amount Due		
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Name and Signature of the Guide

Signature of the Student

Date:- \_\_\_\_\_

Signature of the HOD

## Important Note:

All claims shall be submitted to MAC ID along with original bills/payment receipts/boarding pass etc. with the approval of the Guide and the Head of the Department.

## Checklist of Enclosures:

#	Documents attached	Tick Mark ( ✓ )
1.	Copy of the sanction letter from MAC ID	
2.	Travel tickets (e-air tickets, train tickets, bus tickets etc.)	
3.	Boarding Pass	
4.	Registration fee Receipt	
5.	Accommodation bills with payments confirmation	
6.	Pre-paid taxi/auto bills if any	
7.	Copy of attendance certificate	
8.	Copy of Poster/ Paper	
9.	Copy of Poster/ Paper presentation certificate	
10.	Others if any (please specify)	

Signature of the student: \_\_\_\_\_

Date: \_\_\_\_\_

### Note:

Hard copy and soft copy of Travel Expenses Report along with Enclosures from 1 to 9 has to be submitted to MAC ID

Hard copy to be sent to the following address:

Manipal Center for Infectious Diseases  
Department of Infectious Diseases  
Kasturba Medical College, MAHE, Manipal-576104  
Telephone number: +91 820 2923320  
Email Id: [macid.mu@manipal.edu](mailto:macid.mu@manipal.edu)  
Website: <http://macid.manipal.edu/>

Soft copy to be sent to: [macid.mu@manipal.edu](mailto:macid.mu@manipal.edu)