

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Office of the Dean, Academic Affairs

Facility Usage Charges for FARE Fellows

Date:

Part-A

Name of the FARE fellow and his/her PI	
FARE ID	
Details of usage charges with approved rates and hours of usage (attach proof)	Details: Approved rate = <i>Hours of usage</i> = Total amount =
In case of no proof, please provide a detailed justification	

Part-B

Details	No.	Budget Head	Amount
Project in which charges are to be credited			
Name of the Principal Investigator			
Signature of Principal Investigator			

I hereby declare that the details furnished above concerning the payment of facility usage charges (details above) are correct. I also agree that in case of any discrepancy in the above information, this payment request will not be processed.

Date:

Signature of FARE Fellow

I agree with the declaration signed by the FARE fellow.

Date:

Signature of FARE Fellow's PI

Recommended/ Not Recommended

Date:

Signature of Head of the Department

(FOR OFFICE USE ONLY)

The claim has been checked. An amount of Rs. (in words)
only) may be approved.

Verified by

Recommended by

Approved

Dealing Assistant/Suptd.
Academic Affairs

AR/DR/JR
Academic Affairs

Dean/Associate Dean
Academic Affairs

Note: This approval is being sent to the Finance and Accounts Section to make the payment of the sanctioned amount.