		<u>OPE</u>	RATING EXP	ENSES APPRO	<u>VAL FORM</u>	
Name of	f Organization:	·			····	
Address	s:- Rathinam T	echzone Campus, Poll	achi Main Road	d, Coimbatore		
Department :						Date:
Sr. No. Description						Amount
Total : I	n words					
					Signature :	•
Department : Authorized By Approv						Bv
<u>Budgeti</u>	ng Heads					_
1. Salary		8. Conveyance	14. Internet & Telephone & Mobile		21. Admission Expenses	27. Rent
2. Admission – Consultancy / Prof Charges		9. Bonus (PLI)	15. Postal & Courier		22. Research	28. Material Reimbursement
3. Power, EB, Diesel		10. Rewards & Recognition	16. Promotion & Marketing		23. Infrastructure	29. CAPEX ( UP to Rs.10000)
4. Print & Stationary		11. Insurance	17. Library Books & Journals		24. Exam / Practical & Theory	30. Repair & Maintenance
5. Liasioning, Regulatory Fee		12. Refreshment	18. Placement Training		25. Sports	31. House Keeping & Security
6. Events & Functions		-13. Lab Consumables	19. IT Infra & Lab Maintenance		- 26. OD Interest	32. Management Salary
7. FDP / GLP & FDP			20. Technology Upgradation			33. Transport Expenditure
	Invento	ory / Non Inventory (Pls Tick)	Forwarded to : Purchase Dept / (Pls Tick			
<u>Budget</u> '	Tracking Purp	<u>ose</u>				
Budget H No	Allotted Budget	Available Budget (current status)	Advance Received	Amount Spent (Actual Exp.)	Current Balance = ( Available budget - Amount spent )	Entered & Verified Signature of Unit Head
	<u> </u>					Signature:
	ounts Departm				Initial.	
Date of Or: Cr:	entry passed:-				Initial:-	