|  |  |
| --- | --- |
|  | **Higher Education Commission**Faculty Development Program for Pakistani Universities Phone: (051) 90808033 Fax: (051)90808035, E-mail:**snaurin@hec.gov.pk** |

# **Expenditure Report/Statement PIN NO.\_\_\_\_\_\_\_\_\_\_\_**

# **Period From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_**

#  Personal Information of Scholar:

|  |  |
| --- | --- |
| Name  |  |
| Department/Centre |  |
| University  |  |
| Student Email |  |
| Treasurer /Director Finance Email |  |

**2. Funds Utilization Status:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | Item | **Total Amount Received****(Rs.)** | **Total Amount Spent****(Rs.)** | **Balance****(Rs.)** |
|  | PhD Fellowship  |  |  |  |
|  | Support to University for tuition fee, reference books, back volumes, Journals, chemical abstracts, stationery, software, Internet, Computer etc.  |  |  |  |
|  | Support to University for Laboratory /workshop equipment laboratory material, consumable and supplies etc. |  |  |  |
|  | Book Allowance  |  |  |  |
|  | **Total** |  |  |  |

***3.* Balance/Unspent Amount:** [Amount Received (–) Amount Utilized]

 Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (-) Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Supervisor:** | **Treasurer/Director Finance** |
| --- | --- |
| Name of the Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of Treasurer/Director Finance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature & Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Official Seal of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Official Seal/Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Auditor:** |
| Name of the Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official stamp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Seal of Auditor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chairman/Head of the Department:** |
| Name of the Chairman/HoD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |