The Treasurer,
Shaheed Benazir Bhutto University Sheringal

Through: **The Director Teaching & Admissions**
Subject: **Remuneration/Honorarium Claim of the Visiting/Extra Classes**

Dear Sir,

The following claim for the month of _____ year_____ of visiting/ extra classes delivered by me as per the following details is forwarded to your good office for payment.

S.No.	Department	Program	Semester	Course Title + Credit hours	Student strength	Total Classes delivered	Claim Rs.
01							
02							
03							
04							
05							
					(a). Gross Claims Rs.		

	Electricity Bill Details			Room Rent	Others	Total Deduction
	Previous Bills	Current Bills	Total			
(b). Total Expenses Rs.						
			Net Claims Rs.[(a)-(b)]			

Documents attached are:

  i.   Schedule of time duration and Flow Chart of process & payment of claims (Annexure-B),
 ii.   Teacher time table (Annexure-C) attested by the Chairman/HOD of parent department,
iii.   Certificate of visiting/extra classes taken (Annexure-D) attested by Chairman/HOD of relevant department,
 iv.   Biometric attendance of visiting lecturer issued by the Biometric in charge,
  v.   Appointment Letter/Extension Letter/Prior approval of extra classes issued by the Office of Registrar.

Yours Sincerely:

Signature: _____

Name: _____

Designation: _____

Department: _____

Residing in the hostel room no.:_____

Claim submission Date: _____

Mobile No.: _____

Forwarded by **Chairman/HOD Parent Department**
Signature:
Stamp:
Forwarding Date: _____

Scheduled time duration for finalizing the visiting claims Payments in the Offices

S. No.	Office	Max time duration to be taken	Actual time taken from date to date	Initial (Necessary)
01	Preparation of claims by claimant	02 working days	From _____to _____	
02	HOD	02 working days	From _____to _____	
03	Director Teaching and Admission	02 working days	From _____to _____	
04	Treasurer	0 3 working days	From _____to _____	
05	Audit Office	02 working days	From _____to _____	
06	Vc Office	02 working days	From _____to _____	
07	Treasurer (for payment)	01 working days	From _____to _____	

Flow Chart of the process for finalizing the visiting claims payments in the Offices

Claim by claimant → HOD → Deputy Director T&A → Director T&A → Accounts Officer Recurring

→ Treasurer → Deputy Director Audit → PS To Vice Chancellor →Treasurer → Accounts Officer

Payment.

Annexure-C

SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL UPPER DIR,
Khyber Pakhtunkhwa, Pakistan

TEACHER TIME TABLE

Department: _____   Semester: _____   Session: _____

Name of faculty member: _____   Designation: _____   Status : (Reg/Cont/Adhoc/DW/Visisting) _____

Days/Class		Monday	Tuesday	Wednesday	Thursday	Friday
09-10	Deptt: Sem: Subj:					
10-11	Deptt: Sem: Subj:					
11-12	Deptt: Sem: Subj:					
12-01	Deptt: Sem: Subj:					
01-02	Deptt: Sem: Subj:					
02-03	Deptt: Sem: Subj:					
03-04	Deptt: Sem: Subj:					
04-05	Deptt: Sem: Subj:					
Total credit hours						

Signatures with Name and Stamp of HOD (Parent Department)

CERTIFICATE FOR PAYMENT OF VISITING / EXTRA CLASSES TAKEN

It is certified that Mr. _____ Designation. _____

Department. _____ Status:(Regular/Contract/Visiting/DW/Ad-hoc) has taken following classes in the department of _____ as per his Teacher time table in the Month of _____ for the Fall/Spring Semester 202___ Session _____ .

S.No	Day	Date	Program	Semester	Course Title + Credit hours	Student Strength	Rate per lecture	Total claim
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
						Total Rs.		

It is further certified that relevant student attendance record/course work etc. have been checked and found correct as per rules. The above claim is accordingly recommended for payment please.

Signature: _____

Name: _____

HOD Relevant Department of _____