कार्यालय प्रधान महालेखाकार (लेखापरीक्षा-II)
तमिलनाडु एवं पुदुचेरी
OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (AUDIT-II)
TAMILNADU & PUDUCHERRY

PAG (AU-II)/OM/2022-23/07   Dt:24.09.2024

Circular

    The Comptroller & Auditor General of India had approved the reimbursement of refreshment expenses (Official hospitality expenses) to SAO's to attend/ entertain guests/ visitors in the office at the rate of Rs.60/- per day for all working days (excluding Tour/ Training etc) on which the officer had attended their Headquarters office (including branch office). However, the upper ceiling limit per person is restricted to Rs.1,200/- per month.

    Further it is also informed that the concerned SAOs may claim his/her refreshment expenses (official hospitality expenses) on half yearly basis in the prescribed proforma (attached below) issued by headquarters and the application should be made within a period of (3) three months after the completion of 1st and 2nd half year of the calendar year.

    The reimbursement of the refreshment expenses is effective from 1st July 2024.

    (Authority: Hqrs Circular No.20/2024 Dt: 01.07.2024)

JPutpalal
24/9/24
Senior Audit Officer/OM

To

1. All Branch Officers/SAO Hqrs
2. The Notice Board
3. ISTC Section

"लेखापरीक्षा भवन" 361, अण्णा सालै, चेन्नई-600 018 "Lekha Pariksha Bhavan", 361, Anna Salai, Chennai - 600 018

Proforma for claiming reimbursement of official hospitality expenditure

1.	Name of the officer						
2.	Designation						
3.	Employee Code						
4.	Name of the bank of the claimant						
5.	Bank Account number of claimant						
6.	IFSC code						
7.	Number of working days on which officer attended the office (excluding Tour/Training etc.)	Year :-			Year :-		
		Month	Days	Amount	Month	Days	Amount
		January			July		
		February			August		
		March			September		
		April			October		
		May			November		
		June			December		
8.	Total amount claimed						

Certificate

I hereby certify that I have spent Rs.   (Rupees   only) towards expenditure on official hospitality for the period mentioned below:

i) January – June

  Or

ii) July – December

(Only one option is to be ticked)

Date_____   Signautre
                                                                     Name
                                                                     Contact number