

**Entitlement for reimbursement of travelling & stay expenses.**

<b>Particular</b>	<b>Mode of Travel</b>	<b>Stay</b>	<b>DA</b>	<b>Conveyance charges during journey/audit</b>
For Proprietor / Partners	At Actuals by Air/ by Train in any class/by Delux/Volvo etc. type bus	Air Conditioned Room at par with RTDC Tariff	Rs. 600/- per day	At actuals, where vehicle is not arranged by the company
For employed Cost Accountant	At Actuals by II <sup>nd</sup> AC/by Delux/Volvo etc. type bus	Air Conditioned Room at par with RTDC Tariff	Rs. 400/- per day	At actuals, where vehicle is not arranged by the company
For Staff	At Actual in III <sup>rd</sup> AC by Train/by Delux/Volvo etc. type bus	Air Cooled room at par with RTDC Tariff on twin sharing/Double occupancy basis	Rs. 300/- per day	At actuals, where vehicle is not arranged by the company

**Annexure-5**

**Remuneration**

(In Rs.)

<b><u>Particulars</u></b>	<b><u>Amount</u></b>
1. Remuneration in figures	
In words	
2. Goods & Service Tax	

**Authorised Person's Name:**

**Signature:**

**Seal:**

**Note:**

1. The remuneration is to be mentioned as total amount for the whole work and should be exclusive of GST.
2. Travel and stay will be reimbursed at actuals, for to & fro journeys from the audit firms's office in Rajasthan only, subject to ceilings prescribed from to time (present ceilings as per annexure 4). Local conveyance will be arranged by the company. The remuneration quoted should take into consideration the above.

**DETAILS OF EXPERIENCE**

<b>S. No.</b>	<b>Name of Company</b>	<b>Turnover</b>	<b>Year of audit</b>	<b>Type of audit</b>

Note: Please enclose supporting documents

**Authorised Person's Name:**

**Signature:**

**Seal:**

**Details of Staff/Articles**

<b>S. No.</b>	<b>Name</b>	<b>Date of Joining</b>
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**Authorised Person's Name:**

**Signature:**

**Seal:**

**Details of the Partners**

<b>S. No</b>	<b>Name</b>	<b>DOJ*</b>	<b>Qualification</b>	<b>Experience</b>
1				
2				
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**Authorised Person's Name:**

**Signature:**

**Seal:**

**\*Date of Joining the firm**

**Details of the firm**

1	Name	
2	Address-Head Office	
3	Address- Branch Offices {1}	
4	{2}	
5	{3}	
6	CP* No. and date	
7	Phone No. of authorised person : Landline No : Mobile No :	
8	FAX No.	
9	E-Mail	
10	No. of Partners	
11	No. of Staff	
12	GSTIN	

\* Certificate of Practice.

**Authorised Person's Name:**

**Signature:**

**Seal:**