

ADVANCEMENT OF MONTHLY REMUNERATION

NAME: _____

DAY/MONTH/YEAR REMUNERATION REQUESTED: _____

DATE OF REQUIRED ADVANCE AMOUNT:

IN NUMBER _____

IN WORD: _____

PURPOSE OF REQUEST:

TEACHER/EMPLOYEE [S] TOTAL SALARY REMAINING IN THE BANK:

IN NUMBER _____

IN WORDS _____

APPROVAL GRANTED BY:

PRINCIPAL'S SIGNATURE: _____

DATE: _____

ACCOUNTANT'S SIGNATURE: _____

DATE: _____

RECIPIENT'S SIGNATURE: _____

DATE: _____

NOTE: AMOUNT TAKEN IN ADVANCEMENT HAVE TO BE RETURNED WITHIN 12 MONTHS FROM THE DAY OF RECEIVAL

EXTRA WORK HOURS FORM

Mr/Mrs/Miss: _____ as according to the Principal's request have worked beyond their regular eight hours [8] in _____ year _____ month for _____ days. His/her total beneficial amount received after the completion of extra worked hours is Rs. _____ .

Received by: _____ **Date:** _____

Principal's Signature: _____ **Date:** _____

Accountant's Signature: _____ **Date:** _____

ADM FORM – 9.01.03

TRAVEL PLAN

SUBMIT TO: Principal for approval at least one week in advance of the training or development event.

Date Approved: _____ **by Principal**

NAME	APPLICATION DATE
POSITION	DEPARTMENT

TRAVEL (Required by ULLENS SCHOOL)

PURPOSE:	
LOCATION:	DATE:

SUMMARY OF COSTS INVOLVED – Please fill in detail on reverse side

TOTAL COSTS INVOLVED	AMOUNT	CHQ #	ADMIN CODE
Registration if Applicable			
Travel			
Accommodation			
Meals			
Other Costs			
TOTAL RUPEES.			
Hours away from job _____ x Rs. _____ /per hr			
COMMENTS:			

Submit with all original bills and receipts for refund. Without original bills and receipts all the expenses incurred are the teacher's/employee's sole responsibility.

BREAKDOWN OF COSTS INVOLVED

**ITEM
AMOUNT**

REGISTRATION if APPLICABLE

Cost of conference Rs. _____
 Supplies, books, etc. Rs. _____
 Costs associated with registration Rs. _____

TRAVEL: the least expensive mode of travel is requested depending on the time factor and urgency of the travel needs

Bus Rs. _____
 Private car Rs. _____
 Rented car Rs. _____
 Taxi Rs. _____
 Air Rs. _____

FINAL TRAVEL TOTAL:Rs. _____

ACCOMMODATION:

Are you sharing accommodation? Yes _____ No _____
 If yes, with whom? _____

City	Date	# of	Hotel	Dble/Sgle	Rate/Day

FINAL ACCOMMODATION TOTAL Rs. _____

MEALS:

Breakfast _____ x _____ per day
 Lunch _____ x _____ per day
 Supper _____ x _____ per day

FINAL MEAL TOTAL: Rs. _____

OTHER COSTS: (Be Specific)

FINAL OTHER COSTS TOTAL: Rs. _____

GRAND TOTAL OF BUDGET: Rs. _____

Ullens School
Lalitpur, Nepal

TEACHER/EMPLOYEE ACCOUNT CLEARANCE LETTER

Mr/Mrs/Miss _____ in this School _____
as according to his/her capacity been regular _____ Years
_____ Month's _____ has given resignation fulfilling his/her
service. He/she starting from this date _____ has been released from
his/her responsibility with gratitude.

People passing resignation:

<u>Serial No.</u>	<u>Account cleared by</u>	<u>Signature</u>	<u>Date</u>
1.	Principal	_____	_____
2.	Accountant	_____	_____

(Final calculation of sum will be sent to account section)

ADM FORM – 9.01.05

**Ullens School
Lalitpur, Nepal**

REQUEST FORM FOR HIRING TAXI

NAME: _____ **DATE:** _____

POST: _____

DEPARTMENT/ PLAN: _____

Date	Destination			Rent Amount	Purpose of Travel

To Present

Verification

Approval

Signature

Signature

Signature

**Ullens School
Lalitpur, Nepal**

INOCME TAX PROCLAMATION FORM

1. I, working under Ullens School _____ department and _____ working under concerned program and I _____ am the only one member in family having income earning and my husband/wife is also the member of income earning.

2. Institute where my husband/wife work: _____
Employment provider: _____
Address: _____

3. It is my responsibility to submit to my organization in a written form if there is a change of any kind in the income tax.

4. I accept to abide by the income tax law and order and am ready to cut income from my salary/wages.

5. As far as my knowledge and information received are concerned these descriptions are true and right.

Signature

(_____)

Name: _____

Date: _____

Post: _____

FINANCIAL POLICY

POLICY:

Ullens School's Board of Trustees is the ultimate group responsible for the trustworthy fiscal management of Ullens School. All financial policies and procedure are established by Ullens School's Management Committee. The financial operations and obligations are overseen by the Board of Trustees in accordance with current government laws and regulations for the operation of a non-profit school.

The Accounts Department works closely with the Principal to execute the Management Committee's decisions concerning financial matters. Record keeping and documentation is accomplished through a systematic organization of the procedures required for each financial operation.

POLICY- 9.02

TAXATION

POLICY:

Ullens School follows all government taxation laws without exception. All teacher/employee(s) accept and follow the taxation regulations of the government and the processes by which Ullens School's Accounts Department deducts the required taxes.

PROCEDURES:

- The Account Department retains a certain amount from each teacher's/employees monthly income except for those who are tax exempt due to specific conditions set under taxation laws.
- Each teacher/employee fills out a prepared Tax Form by the Accounts Department. A copy of the tax form is kept in the teacher's/employee's personnel file.
- Any changes in the teacher's/employee's personal status which indicates a change in the remittance of their tax amount due must be reported to the Accounts Department as soon as possible. A new Tax Form is filled out and the new copy is inserted into the teacher's/employee's personnel file.
- A teacher's/employee's willful failure to inform the Account Department of a change in status as stated above is a serious offence and may result in disciplinary action.