



**SRI SIVASUBRAMANIYA NADAR COLLEGE OF  
ENGINEERING**

(An Autonomous Institution)  
Kalavakkam – 603 110

**SELF STUDY REPORT**

**6.2.2.2: Institution implements e-governance in its operations.**

**Finance and Accounts**

Submitted to

**The National Assessment and Accreditation Council**

**February 2024**

Original for recipient

|                                                                                                                                                                                                |                                |                                                                        |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------|----------------------|
| <b>NAME</b><br><b>Address: Line 1,</b><br><b>City, State – Pin code</b><br><b>Telephone no.: mobile number</b><br><b>E-mail address:</b><br><b>GSTIN of Supplier:</b><br><b>PAN: xxxx1111x</b> |                                |                                                                        |                      |
| <b>Tax Invoice</b>                                                                                                                                                                             |                                |                                                                        |                      |
| Invoice No. : 2021-22/01                                                                                                                                                                       |                                | Date: dd-mmm-yy                                                        |                      |
| <b>Details of Receiver</b>                                                                                                                                                                     |                                |                                                                        |                      |
| Name, address:                                                                                                                                                                                 |                                | SSN Trust – SSN College of engineering, Kalavakkam,<br>Chennai, 603110 |                      |
| State:                                                                                                                                                                                         |                                | Tamilnadu                                                              |                      |
| State Code :                                                                                                                                                                                   |                                | 33                                                                     |                      |
| GSTIN/Unique ID of Receiver:                                                                                                                                                                   |                                | 33AAATS2240Q1ZD                                                        |                      |
| PAN:                                                                                                                                                                                           |                                | AAATS2240Q                                                             |                      |
| Place of Supply:                                                                                                                                                                               |                                | Tamilnadu                                                              |                      |
| <b>Sr. No.</b>                                                                                                                                                                                 | <b>Description of Services</b> | <b>SAC</b>                                                             | <b>Including GST</b> |
|                                                                                                                                                                                                |                                | <b>Code</b>                                                            | <b>Value</b>         |
| 1                                                                                                                                                                                              | Honararium                     | 9983                                                                   | 5,000                |
| 2                                                                                                                                                                                              | Travel reimbursement           | 9983                                                                   | 3,000                |
| <b>Total Amount</b>                                                                                                                                                                            |                                |                                                                        | <b>5,000</b>         |
| <b>Total Invoice Amount</b>                                                                                                                                                                    |                                |                                                                        |                      |
| Invoice Total ( In Words): Five Throusand Only                                                                                                                                                 |                                |                                                                        |                      |
| <b>Bank Details for direct deposit:</b>                                                                                                                                                        |                                | <b>For Receiptient</b>                                                 |                      |
| Name: receipient                                                                                                                                                                               |                                |                                                                        |                      |
| Account Number:                                                                                                                                                                                |                                |                                                                        |                      |
| Bank Name:                                                                                                                                                                                     |                                |                                                                        |                      |
| Bank Branch:                                                                                                                                                                                   |                                |                                                                        |                      |
| IFSC Code:                                                                                                                                                                                     |                                | Authorized Signatory                                                   |                      |

# Business Exp Reimbursement Process

**EMPOWERING  
HUMAN ENERGY  
WITH TECHNOLOGY**

## Login Information

User ID

Password

☐ Save Login Details

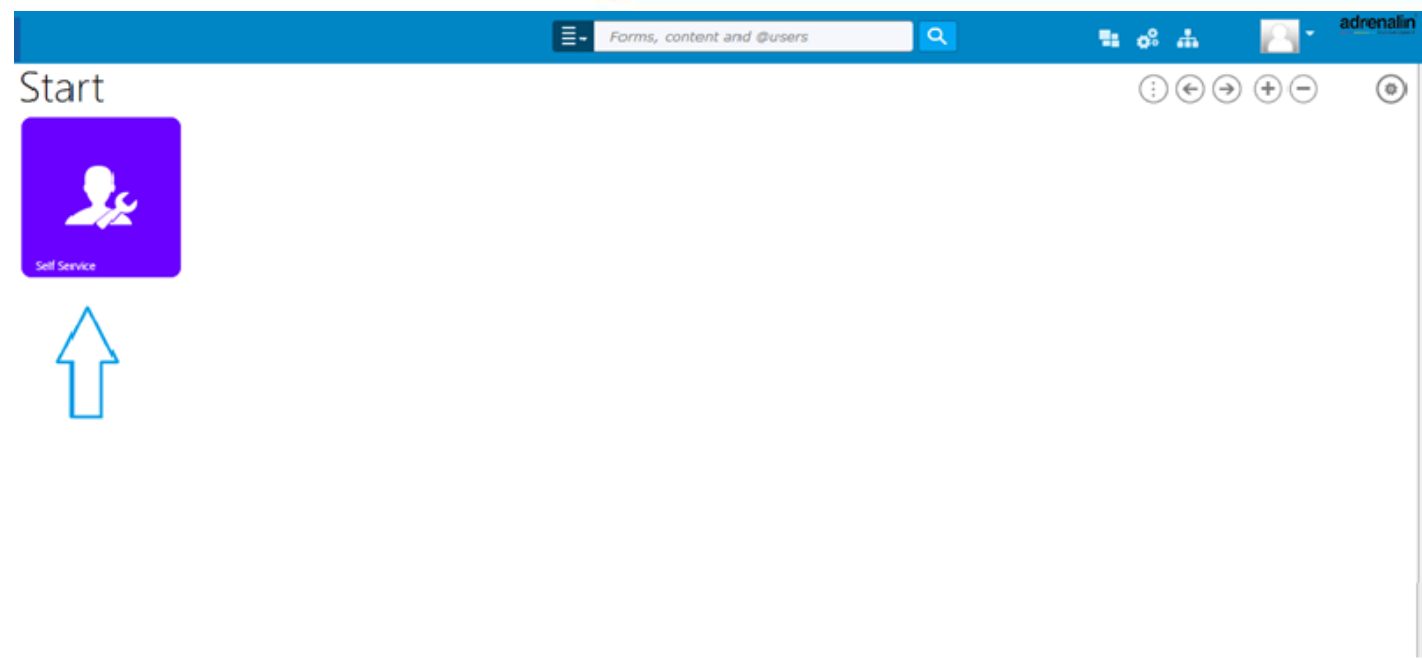
Login

adrenalin<sup>®</sup>

[Forgot password](#)

In User ID (Mail ID) & Password, please enter your AD\_ID credentials

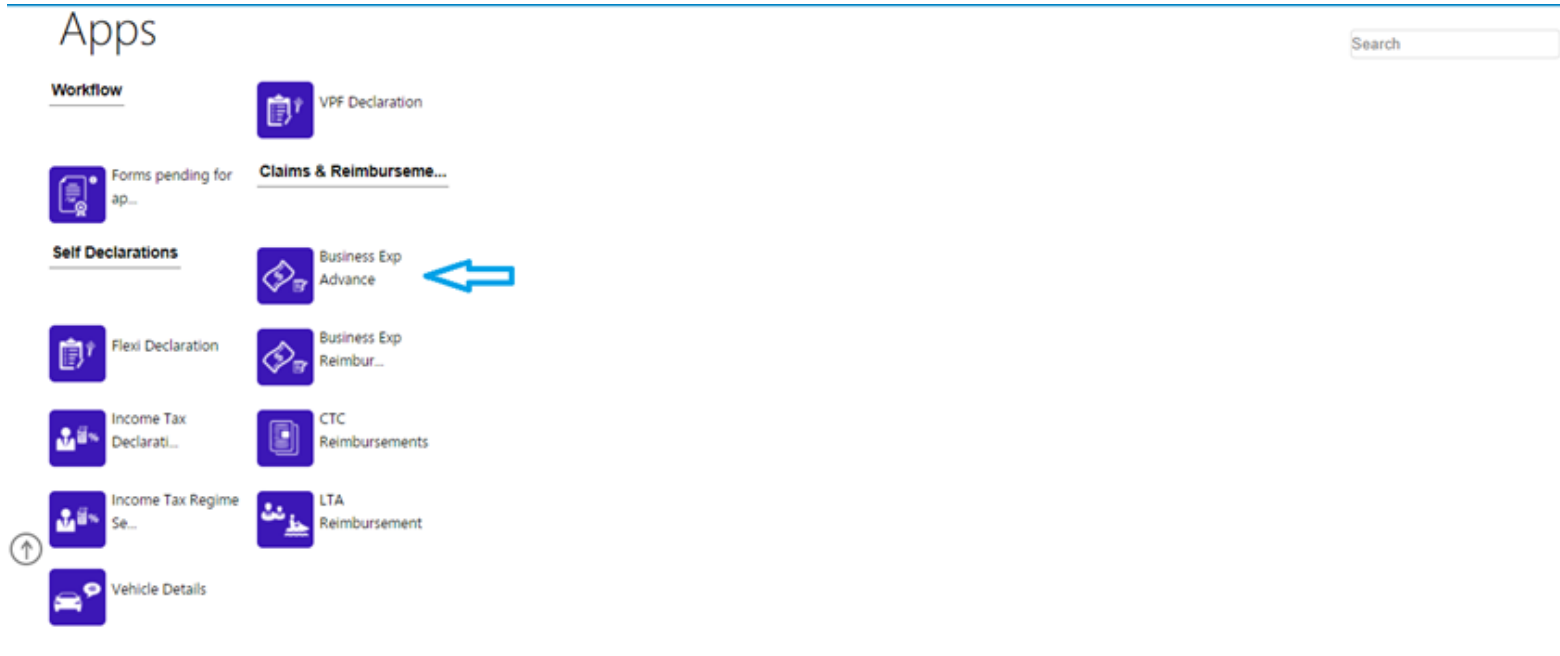
# Landing page



Landing Page After Successful Login. Click on Self Service Tile



# Business Exp Advance Request Navigation



**(a) Click on Business Exp Advance for advance request**

# Business Exp Advance Request

|                |            |                |                     |                  |             |               |                |
|----------------|------------|----------------|---------------------|------------------|-------------|---------------|----------------|
| Employee Code: | MAX107     | Employee Name: | Ramanjaneyalu Reddy | Date Of Joining: | 15-Jul-2020 | Unit:         | SNF Core       |
| Designation:   | Consultant | Grade:         | DC                  | Department:      | Accountancy | Cost Center:* | Support common |

Business Exp Advance

Sequence No:

Payment Mode:\*

Comments:\*

Advance Required:\*

Adv. Required Date:\*

Currency:\*

Indian rupee

Submit

Reset

[View Workflow Information and Approvers' comments](#)

\* - Mandatory

- Enter Advance Required amount
- Select Adv. Required Date
- Enter Comments: It's a free text box and system should allow numbers, alpha and special characters



# Business Exp Advance Request [Contd..]



– Submitted Successfully !

|                |            |                |                     |                  |             |               |                |
|----------------|------------|----------------|---------------------|------------------|-------------|---------------|----------------|
| Employee Code: | MAX107     | Employee Name: | Ramanjaneyalu Reddy | Date Of Joining: | 15-Jul-2020 | Unit:         | SNF Core       |
| Designation:   | Consultant | Grade:         | DC                  | Department:      | Accountancy | Cost Center:* | Support common |

## Business Exp Advance

|                |                 |                      |             |            |              |
|----------------|-----------------|----------------------|-------------|------------|--------------|
| Sequence No:   |                 | Advance Required:*   | 3,200.00    | Currency:* | Indian Rupee |
| Payment Mode:* | Bank            | Adv. Required Date:* | 21-Oct-2020 |            |              |
| Comments:*     | Advance Testing |                      |             |            |              |

\* - Mandatory

Submit Reset

[View Workflow Information and Approvers' comments](#)





# Forms pending for Approval Navigation

## Apps

### Workflow



VPF Declaration



Forms pending for  
ap...

### Claims & Reimburseme...



### Self Declarations



Business Exp  
Advance



Flexi Declaration



Business Exp  
Reimbur...



Income Tax  
Declarati...



CTC  
Reimbursements



Income Tax Regime  
Se...



LTA  
Reimbursement



Vehicle Details

(a) Click on Forms pending for approval for advance Approved

# Forms pending for Approval [Contd..]

Mamalaivasan S Logged in Employee Summary: MAX104 ^ Mamalaivasan S [Advanced](#)

Pending Form Names \* - Mandatory

-- Select --  
-- Select --  
Business Exp Advance (2)  
Business Exp Reimbursement (3)

- Select pending form name “Business Exp Advance Request”

# Forms pending for Approval [Contd..]

 Mamalaivasan S

● Logged in

Employee Summary: 

MAX104 ^ Mamalaivasan S

[Advanced](#)

Pending Form Names

Business Exp Advance (2) ▼



| <input type="checkbox"/> | Sequence No | Employee Name               | Advance Required | Adv. Required Date | Raised On         |
|--------------------------|-------------|-----------------------------|------------------|--------------------|-------------------|
| <input type="checkbox"/> | ADVBE_51    | MAX107 -Ramanjaneyalu Reddy | 3200.00          | 21-Oct-2020        | 15-Oct-2020 14:06 |
| <input type="checkbox"/> | ADVBE_50    | MAX107 -Ramanjaneyalu Reddy | 3200.00          | 21-Oct-2020        | 15-Oct-2020 14:06 |

Comments\*

Approve

Reject

Reset

- Double click is used to select the details from grid / table

# Forms pending for Approval [Contd..]

Mamalaivasan S Logged in Employee Summary: MAX104 ^ Mamalaivasan S Advanced

|                |            |                |                     |                  |             |               |                           |
|----------------|------------|----------------|---------------------|------------------|-------------|---------------|---------------------------|
| Employee Code: | MAX107     | Employee Name: | Ramanjaneyalu Reddy | Date Of Joining: | 15-Jul-2020 | Unit:         | SNF Core                  |
| Designation:   | Consultant | Grade:         | DC                  | Department:      | Accountancy | Cost Center:* | 10020102 - Support common |

**Business Exp Advance**

Sequence No: ADVBE\_51

Advance Required Amount: 3200.00

Payment Mode:\* Bank | Advance Approve:\* | 3,200.00 | Currency:\* | Indian Rupee |

Adv. Required Date:\* 21-Oct-2020 |

Employee Comments:\* Advance Testing |

Comments:\*  |

[View Workflow Information and Approvers' comments](#)

Approve Reject Back

- "Advance Approved" field in which advance amount will be pre-populate however approver can change the same if required.
- Payment Mode, Advance Approved, Approver Comments only editable
- Click on approve/reject button to approve/reject

# Business Exp Reimbursement Navigation

## Apps

### Workflow



VPF Declaration



Forms pending for approval

### Self Declarations



Business Exp Advance



Flexi Declaration



Business Exp Reimbur...



Income Tax Declaration



CTC Reimbursements



Income Tax Regime Selection



LTA Reimbursement



Vehicle Details

# Business Exp Reimbursement [Contd..]

Ramanjaneyalu Reddy Logged in Employee Summary: MAX107 ^ Ramanjaneyalu Reddy Advanced

|                 |                     |              |                           |
|-----------------|---------------------|--------------|---------------------------|
| Employee Name   | Ramanjaneyalu Reddy | Grade        | DC                        |
| Date Of Joining | 15-Jul-2020         | Department   | Accountancy               |
| Unit            | SNF Core            | Cost Center* | 10020102 - Support common |

### Business Exp Reimbursement

| #                                                     | Expense Category | KM   | From Location | To Location | Bill / Exp Date | Bill No | Bill Amount | Claim Amount | Project Code |
|-------------------------------------------------------|------------------|------|---------------|-------------|-----------------|---------|-------------|--------------|--------------|
| 1                                                     | --Select--       | 0.00 |               |             |                 |         | 0.00        | 0.00         | --Select--   |
| Total Amount                                          |                  |      |               |             |                 |         | 0.00        |              |              |
| Actual Claimed Amount                                 |                  |      |               |             |                 |         | 0.00        |              |              |
| Less Advance                                          |                  |      |               |             |                 |         |             |              |              |
| <input type="checkbox"/> ADVRE_46 (2000.00)           |                  |      |               |             |                 |         | 0.00        |              |              |
| <input type="checkbox"/> ADVRE_40 (2364.00)           |                  |      |               |             |                 |         | 0.00        |              |              |
| <input type="checkbox"/> ADVRE_43 (4700.00)           |                  |      |               |             |                 |         | 0.00        |              |              |
| <input type="checkbox"/> ADVRE_45 (220.00)            |                  |      |               |             |                 |         | 0.00        |              |              |
| <input type="checkbox"/> Adjust through salary (0.00) |                  |      |               |             |                 |         | 0.00        |              |              |
| Net Amount                                            |                  |      |               |             |                 |         | 0.00        |              |              |

Save Submit Reset

- Select Expense Category: OU Specific Expense category will be visible.
- Expense category wise various fields will be editable/ disabled/ marked as mandatory.

- Default cost center code will be pre-populated and system should allow to select other cost center however, if an employee desires to change the cost center within his branch under his legal entity he can change the same by selecting the relevant cost center in the drop down value

- By default claim amount will populate same as per Bill amount, however, claim amount may be changed

- Previous adjusted advance (if any) will show on popup on clicking the hyperlink "Advance Request Id"

# Business Exp Reimbursement [Contd..]

Ramanjaneyalu Reddy

Logged in

Employee Summary: MAX107 ^ Ramanjaneyalu Reddy

Advanced

imbursement

|                                                            | KM   | From Location | To Location | Bill / Exp Date | Bill No | Bill Amount | Claim Amount          | Project Code            | Remarks                 | Document                 |
|------------------------------------------------------------|------|---------------|-------------|-----------------|---------|-------------|-----------------------|-------------------------|-------------------------|--------------------------|
|                                                            | 0.00 |               |             |                 |         | 0.00        | 0.00                  | -- Select --            |                         | <a href="#">Document</a> |
| Total Amount                                               |      |               |             |                 |         |             | 0.00                  | <button>Add</button>    | <button>Remove</button> |                          |
| Actual Claimed Amount                                      |      |               |             |                 |         |             | 0.00                  |                         |                         |                          |
| Less Advance                                               |      |               |             |                 |         |             |                       |                         |                         |                          |
| <input type="checkbox"/> <a href="#">ADVE_46</a> (2000.00) |      |               |             |                 |         |             | 0.00                  |                         |                         |                          |
| <input type="checkbox"/> <a href="#">ADVE_40</a> (2364.00) |      |               |             |                 |         |             | 0.00                  |                         |                         |                          |
| <input type="checkbox"/> <a href="#">ADVE_43</a> (4700.00) |      |               |             |                 |         |             | 0.00                  |                         |                         |                          |
| <input type="checkbox"/> <a href="#">ADVE_45</a> (220.00)  |      |               |             |                 |         |             | 0.00                  |                         |                         |                          |
| <input type="checkbox"/> Adjust through salary (0.00)      |      |               |             |                 |         |             | 0.00                  |                         |                         |                          |
| Net Amount                                                 |      |               |             |                 |         |             | 0.00                  |                         |                         |                          |
|                                                            |      |               |             |                 |         |             | <button>Save</button> | <button>Submit</button> | <button>Reset</button>  |                          |

- The system should allow to upload recommended file upload size and types allowed, Upload documents is not required for Expense category 2 & 4 Wheeler

# Business Exp Reimbursement [Contd..]

Ramanjaneyalu Reddy Logged in Employee Summary: MAX107 ^ Ramanjaneyalu Reddy Advanced

Unit SNF Core Cost Center\* 10020102 - Support common

Business Exp Reimbursement

| #                                                     | Expense Category       | KM   | From Location | To Location | Bill / Exp Date | Bill No | Bill Amount | Claim Amount | Project Code                                                             | R |
|-------------------------------------------------------|------------------------|------|---------------|-------------|-----------------|---------|-------------|--------------|--------------------------------------------------------------------------|---|
| 1 <input type="checkbox"/>                            | Mobile and Data Card R | 0.00 |               |             |                 |         | 0.00        | 0.00         | -- Select --                                                             |   |
| Total Amount                                          |                        |      |               |             |                 |         |             | 0.00         | <input type="button" value="Add"/> <input type="button" value="Remove"/> |   |
| Actual Claimed Amount                                 |                        |      |               |             |                 |         |             | 0.00         |                                                                          |   |
| Less Advance                                          |                        |      |               |             |                 |         |             |              |                                                                          |   |
| <input type="checkbox"/> ADVBE_46 (2000.00)           |                        |      |               |             |                 |         |             | 0.00         |                                                                          |   |
| <input type="checkbox"/> ADVBE_40 (2364.00)           |                        |      |               |             |                 |         |             | 0.00         |                                                                          |   |
| <input type="checkbox"/> ADVBE_43 (4700.00)           |                        |      |               |             |                 |         |             | 0.00         |                                                                          |   |
| <input type="checkbox"/> ADVBE_45 (220.00)            |                        |      |               |             |                 |         |             | 0.00         |                                                                          |   |
| <input type="checkbox"/> Adjust through salary (0.00) |                        |      |               |             |                 |         |             | 0.00         |                                                                          |   |
| Net Amount                                            |                        |      |               |             |                 |         |             | 0.00         |                                                                          |   |

- The system will allow for Mobile & Data Card Reimbursement. Employee may claim more than the eligibility amount, provided it is approved as per agreed workflow by RM and Finance. Pop up message will be pop-up in case of exceptional approval

## Message -

- Eligibility of Mobile and Data Card Reimbursement is (INR) 500.00 and Amount of claim is more than 500.00 -
- Please note that if you are submitting your claim over and above the set eligibility the same will need an exceptional approval.



# Business Exp Reimbursement [Contd..]



Ramanjaneyalu Reddy

● Logged in

Employee Summary: MAX107 ^ Ramanjaneyalu Reddy

Advanced

## Business Exp Reimbursement

| #                          | Expense Category         | KM   | From Location | To Location | Bill / Exp Date | Bill No | Bill Amount | Claim Amount | Project Code                                                             | R |
|----------------------------|--------------------------|------|---------------|-------------|-----------------|---------|-------------|--------------|--------------------------------------------------------------------------|---|
| 1 <input type="checkbox"/> | Mobile and Data Card R ▾ | 0.00 |               |             | 20-Oct-2020     | 53535   | 458.00      | 458.00       | -- Select -- ▾                                                           |   |
| Total Amount               |                          |      |               |             |                 |         |             | 458.00       | <input type="button" value="Add"/> <input type="button" value="Remove"/> |   |

Actual Claimed Amount 458.00

Less Advance

☒ [ADVBE\\_46](#) (2000.00) 458.00

☐ [ADVBE\\_40](#) (2364.00) 0.00

☐ [ADVBE\\_43](#) (4700.00) 0.00

☐ [ADVBE\\_45](#) (220.00) 0.00

☒ Adjust through salary (1542.00) 1542.00

Net Amount 0.00

- Employee requesting claim reimbursement has option to
- a. request claim reimbursement to the full extent of the claim amount or
- b. request claim reimbursement settlement against the advance/s selected or
- c. Difference in amount will either be adjusted through salary or will be adjusted against next reimbursement.
- d. Advance will be settled on final approval of Business Expense Reimbursement
- If the claim amount is less than the Advance selected for settlement or adjusted through salary then net amount will be 0.00

# Business Exp Reimbursement [Contd..]

Ramanjaneyalu Reddy

Logged in

Employee Summary: MAX107 ^ Ramanjaneyalu Reddy

Advanced

## Business Exp Reimbursement

| #                          | Expense Category       | KM   | From Location | To Location | Bill / Exp Date | Bill No | Bill Amount | Claim Amount | Project Code                                                             | R |
|----------------------------|------------------------|------|---------------|-------------|-----------------|---------|-------------|--------------|--------------------------------------------------------------------------|---|
| 1 <input type="checkbox"/> | Mobile and Data Card R | 0.00 |               |             | 20-Oct-2020     | 53535   | 458.00      | 458.00       | -- Select --                                                             |   |
| Total Amount               |                        |      |               |             |                 |         |             | 458.00       | <input type="button" value="Add"/> <input type="button" value="Remove"/> |   |

Actual Claimed Amount 458.00

Less Advance

☒ [ADVE\\_46](#) (2000.00) 458.00

☐ [ADVE\\_40](#) (2364.00) 0.00

☐ [ADVE\\_43](#) (4700.00) 0.00

☐ [ADVE\\_45](#) (220.00) 0.00

☒ Adjust through salary (1542.00) 1542.00

Net Amount 0.00

- Difference amount will either be adjusted through salary or will be adjusted against next reimbursement. Advance will be created on final approval of Business Expense Reimbursement and net amount will be 0.00

# Business Exp Reimbursement [Contd..]

 Ramanjaneyalu Reddy

● Logged in

Employee Summary: MAX107 ^ Ramanjaneyalu Reddy [Advanced](#)

 - Bill / Exp Date should be less than or equal to today date at row(s) 1.  
- Remarks is Mandatory at row(s) 1.  
- Document is Mandatory at row(s) 1.

Expense category wise various field are editable/mandatory

| Claim No                      | Raised On                     | Bill Amount                   | Requested Claim Amount        | Approve Amount                | Status                        |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> | <input type="text" value=""/> |
| R000033472                    | 13 Oct 2020                   | 5280.00                       | 5280.00                       | 5280.00                       | Approved                      |
| R000033402                    | 13 Oct 2020                   | 850.00                        | 850.00                        |                               | Pending                       |
| R000033397                    | 13 Oct 2020                   | 364.00                        | 364.00                        | 364.00                        | Rejected                      |
| R000033392                    | 13 Oct 2020                   | 1000.00                       | 1000.00                       | 1000.00                       | Approved                      |
| R000033366                    | 12 Oct 2020                   | 456.00                        | 456.00                        | 456.00                        | Rejected                      |

 Change Page:  of 2 [Go](#) Page Size:  [Change](#) | Displaying page 1 of 2, items 1 to 5 of 9.

|                 |                     |              |                                                        |
|-----------------|---------------------|--------------|--------------------------------------------------------|
| Employee ID     | MAX107              | Designation  | Consultant                                             |
| Employee Name   | Ramanjaneyalu Reddy | Grade        | DC                                                     |
| Date Of Joining | 15-Jul-2020         | Department   | Accountancy                                            |
| Unit            | SNF Core            | Cost Center* | <input type="text" value="10020102 - Support common"/> |

# Business Exp Reimbursement [Contd..]

Documents Upload - Google Chrome

Not secure | 10.2.68.14/Adrenalin/CRS/BRE\_CLAIMS\_UploadPopUp.aspx?param=S1FHKB%2bn1g1dHymdLs7eE0Vh5tK7LHZY%2bUdu...

Documents Upload

Upload Documents:

Choose File RadGridExport (16).xls Add

Click on Add/Upload after browse the file. Recommended File upload size 1MB. File Types Allowed are doc,jpg,jpeg,bmp,zip,png,rar,csv,ppt,xls,xlsx,pdf,rtf,txt

Submit Reset Close

Document

Document

- It is mandatory to submit scanned copy of Bill against which the claim is being submitted for reimbursement as a supporting document

# Business Exp Reimbursement [Contd..]



Ramanjaneyalu Reddy

● Logged in

Employee Summary: MAX107 ^ Ramanjaneyalu Reddy

[Advanced](#)



Submitted Successfully !

| Claim No             | Raised On            | Bill Amount          | Requested Claim Amount | Approve Amount       | Status               |
|----------------------|----------------------|----------------------|------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| R000033472           | 13 Oct 2020          | 5280.00              | 5280.00                | 5280.00              | Approved             |
| R000033402           | 13 Oct 2020          | 850.00               | 850.00                 |                      | Pending              |
| R000033397           | 13 Oct 2020          | 364.00               | 364.00                 | 364.00               | Rejected             |
| R000033392           | 13 Oct 2020          | 1000.00              | 1000.00                | 1000.00              | Approved             |
| R000033366           | 12 Oct 2020          | 456.00               | 456.00                 | 456.00               | Rejected             |

⏪ ⏩ 1 2 ⏭ ⏮ ⏯

Change Page: 1 of 2 [Go](#) Page Size: 5 [Change](#) | Displaying page 1 of 2, items 1 to 5 of 9.

|                 |                     |              |                           |
|-----------------|---------------------|--------------|---------------------------|
| Employee ID     | MAX107              | Designation  | Consultant                |
| Employee Name   | Ramanjaneyalu Reddy | Grade        | DC                        |
| Date Of Joining | 15-Jul-2020         | Department   | Accountancy               |
| Unit            | SNF Core            | Cost Center* | 10020102 - Support common |

- On successful submission you will be able to see "Submitted Successfully" displayed on the screen

# Forms pending for Approval Navigation



(a) Click on Forms pending for approval for Business Exp Reimbursement

# Forms pending for Approval [Contd..]

Mamalaivasan S Logged in Employee Summary: MAX104 ^ Mamalaivasan S [Advanced](#)

Pending Form Names \* - Mandatory

-- Select --  
-- Select --  
Business Exp Advance (2)  
Business Exp Reimbursement (3)

- Select pending form name "Business Exp Reimbursement"

# Forms pending for Approval [Contd..]

Mamalaivasan S Logged in Employee Summary: MAX104 ^ Mamalaivasan S [Advanced](#)

Pending Form Names Business Exp Reimbursement (4) \*\* - Mandatory

| Employee ID            | Employee Name          | Claim No               | Cost Center               | Requested Claim Amount | Raised On              |
|------------------------|------------------------|------------------------|---------------------------|------------------------|------------------------|
| <input type="text"/> Y | <input type="text"/> Y | <input type="text"/> Y | <input type="text"/> Y    | <input type="text"/> Y | <input type="text"/> Y |
| MAX107                 | Ramanjaneyalu Reddy    | R000033938             | 10020102 - Support common | 458.00                 | 15-Oct-2020 18:34      |
| MAX107                 | Ramanjaneyalu Reddy    | R000033402             | 10020102 - Support common | 850.00                 | 13-Oct-2020 10:56      |
| MAX103                 | Niraj Kumar            | R000023369             | 10020102 - Support common | 567.00                 | 25-Aug-2020 18:01      |
| MAX103                 | Niraj Kumar            | R000023362             | 10020102 - Support common | 5495.00                | 25-Aug-2020 17:42      |

[Reset](#)

- Double click is used to select the details from grid / table



# Forms pending for Approval [Contd..]

Mamalaivasan S Logged in Employee Summary: MAX104 ^ Mamalaivasan S Advanced

| #                          | Expense Category       | KM   | From Location | To Location | Bill / Exp Date | Bill No | Bill Amount | Claim Amount | Approved Amount | Project Code |
|----------------------------|------------------------|------|---------------|-------------|-----------------|---------|-------------|--------------|-----------------|--------------|
| 1 <input type="checkbox"/> | Mobile and Data Card R | 0.00 |               |             | 06-Oct-2020     | 53535   | 458.00      | 458.00       | 458.00          | -- Select -- |
| Total Amount               |                        |      |               |             |                 |         |             | 458.00       | 458.00          |              |

Actual Claimed Amount 458.00  
Less Advance  
☐ [ADVBE\\_46](#) (2000.00) 458.00  
☒ Adjust through salary (1542.00) 1542.00  
Net Amount 0.00

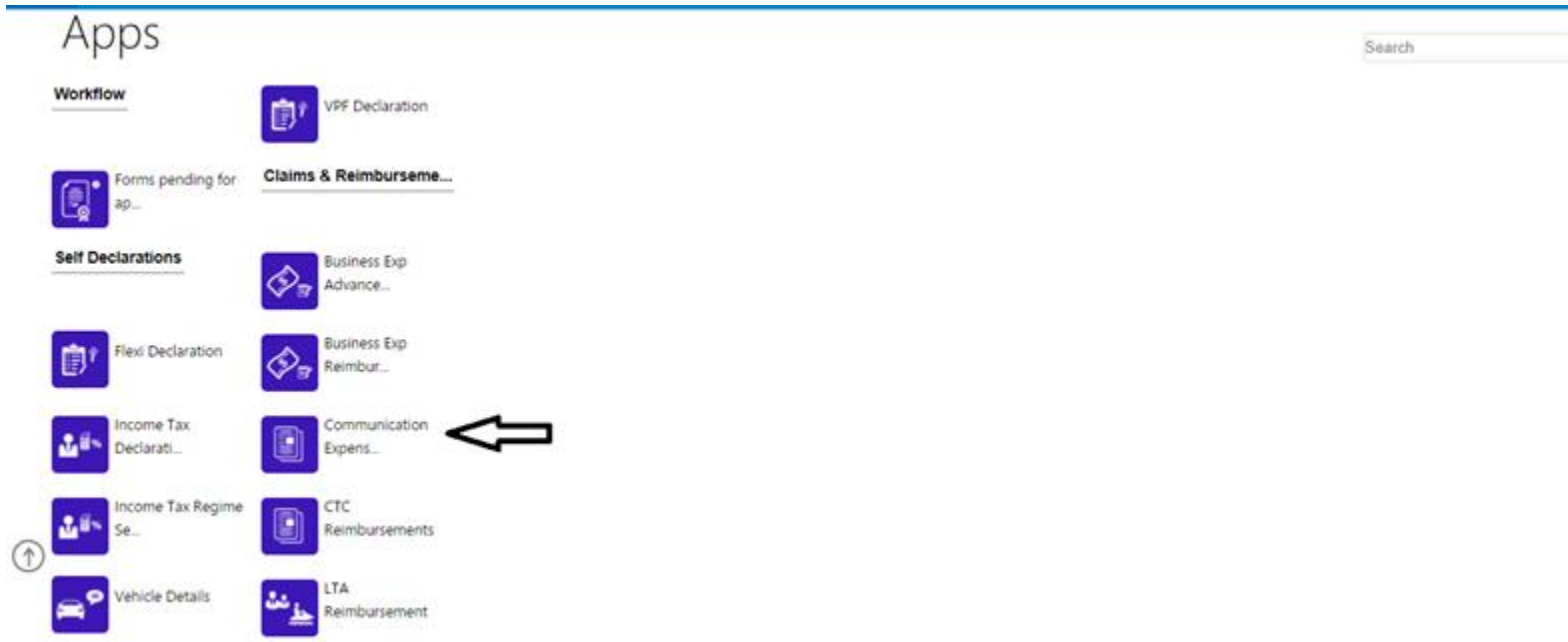
Approver Comments: \*

Approve Back Reject

**Annotations:**

- "Approved Amount". Claim Amount will be pre-populated. However, Final Approver can change the amount in Approved Amount field. Net Amount will be based on Approved Amount Less the Advance Adjusted and Amount adjusted through Salary. It is mandatory for Approver to provide Approver Comment.
- Previous adjusted advance (if any) will show in popup on clicking the hyperlink "Advance Request Id".

# Communication Expense Navigation



(a) Click on Communication Expense

# Communication Expense

|                 |                |             |                     |
|-----------------|----------------|-------------|---------------------|
| EMPLOYEE ID     | MAX104         | Designation | Consultant          |
| Employee Name   | Mamalaivasan S | Grade       | SP                  |
| Date Of Joining | 27-Jun-2020    | Department  | Accountancy         |
| Org Unit        | SNF Core       | Cost Center | 12010101 - Academic |

- Default claim amount will populate as per Bill amount entered and this should be editable

| Communication Expenses     |                          |                 |                      |                          |                        |             |         |             |              |                     |                                            |                          |
|----------------------------|--------------------------|-----------------|----------------------|--------------------------|------------------------|-------------|---------|-------------|--------------|---------------------|--------------------------------------------|--------------------------|
| #                          | Expense Category         | Comm. Exp. Type | Mobile /Broadband No | Billing Period From Date | Billing Period To Date | Bill Date   | Bill No | Bill Amount | Claim Amount | Balance Entitlement | Remarks                                    | Document                 |
| 1 <input type="checkbox"/> | Communication Expenses ▾ | Mobile ▾        | 9899573018           | 01-Aug-2020              | 31-Aug-2020            | 01-Sep-2020 | B678666 | 400.00      | 400.00       | 500.00              |                                            | <a href="#">Document</a> |
| Total Amount               |                          |                 |                      |                          |                        |             |         | 400.00      | 400.00       | 500.00              | <a href="#">Add</a> <a href="#">Remove</a> |                          |

\*All editable fields are mandatory except for Remarks. However, Remarks are mandatory where claim amount is more than entitlement for the month.

#### Note.

1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Telecommunication claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.
2. The claim has to be submitted through system on or before 15th of every month to be considered in the same month payment cycle.
3. You are advised to keep original copies of the bills which may be required to be submitted to the office for audit or tax assessment at a later stage.
4. The credit towards the approved claims of first reimbursement cycle (1-15 day) will be processed by last working day of the month and credit towards the approved claims of the second reimbursement cycle (16 - 30/31 day) will be processed by 15th day of next month.

[Save](#) [Submit](#) [Reset](#)

[View Workflow Information and Approvers' comments](#)

- Select Exp. Type from Comm. Exp. Type drop down
- Enter Mobile/ Broadband No
- Select Billing Period From Date, To Date and Bill Date
- Enter Bill No and Bill Amount

# Communication Expense [Contd..]

|                 |                |             |                     |
|-----------------|----------------|-------------|---------------------|
| EMPLOYEE ID     | MAX104         | Designation | Consultant          |
| Employee Name   | Mamalaivasan S | Grade       | SP                  |
| Date Of Joining | 27-Jun-2020    | Department  | Accountancy         |
| Org Unit        | SNF Core       | Cost Center | 12010101 - Academic |

- After each of the line item employee can add more than one line clicking "Add" button

| Communication Expenses |                        |                 |                      |                          |                        |             |         |             |              |                     |                     |                          |
|------------------------|------------------------|-----------------|----------------------|--------------------------|------------------------|-------------|---------|-------------|--------------|---------------------|---------------------|--------------------------|
| #                      | Expense Category       | Comm. Exp. Type | Mobile /Broadband No | Billing Period From Date | Billing Period To Date | Bill Date   | Bill No | Bill Amount | Claim Amount | Balance Entitlement | Remarks             | Document                 |
| 1                      | Communication Expenses | Mobile          | 9899573018           | 01-Aug-2020              | 31-Aug-2020            | 01-Sep-2020 | B678666 | 400.00      | 400.00       | 500.00              |                     | <a href="#">Document</a> |
| 2                      | Communication Expenses | DataCard        | 34343243242334       | 01-Oct-2020              | 31-Oct-2020            | 01-Nov-2020 | 31243BR | 0.00        | 0.00         | 0.00                |                     | <a href="#">Document</a> |
| Total Amount           |                        |                 |                      |                          |                        |             |         | 400.00      | 400.00       | 500.00              | <a href="#">Add</a> | <a href="#">Remove</a>   |

\*All editable fields are mandatory except for Remarks. However, Remarks are mandatory where claim amount is more than entitlement for the month.

## Note.

1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Telecommunication claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.
2. The claim has to be submitted through system on or before 15th of every month to be considered in the same month payment cycle.
3. You are advised to keep original copies of the bills which may be required to be submitted to the office for audit or tax assessment at a later stage.
4. The credit towards the approved claims of first reimbursement cycle (1-15 day) will be processed by last working day of the month and credit towards the approved claims of the second reimbursement cycle (16 - 30/31 day) will be processed by 15th day of next month.

- Duplicate bill number is not allowed
- Only one transaction per category type (ie.. Mobile / Datard/ Boradband) is allowed per month.
- In the subsequent transaction / line amount only balance eligibility for that month to be displayed be available for claim



# Communication Expense [Contd..]

✓ Submitted Successfully !

\* Amount in (INR)

| Claim Number         | Raised On            | Bill Amount          | Claim Amount         | Approve Amount       | Status               |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

No records to display.

|                 |             |             |                           |
|-----------------|-------------|-------------|---------------------------|
| Employee ID     | MAX105      | Designation | Consultant                |
| Employee Name   | Rangasamy A | Grade       | DC                        |
| Date Of Joining | 30-Jun-2020 | Department  | Accountancy               |
| Unit            | SNF Core    | Cost Center | 10020102 - Support common |

## Communication Expenses

| #                          | Expense Category       | Comm. Exp. Type | Mobile /Broadband No | Billing Period From Date | Billing Period To Date | Bill Date   | Bill No | Bill Amount | Claim Amount |
|----------------------------|------------------------|-----------------|----------------------|--------------------------|------------------------|-------------|---------|-------------|--------------|
| 1 <input type="checkbox"/> | Communication Expenses | Mobile          | 9899573018           | 01-Oct-2020              | 31-Oct-2020            | 01-Nov-2020 | 543543  | 500.00      | 500.00       |
| Total Amount               |                        |                 |                      |                          |                        |             |         | 500.00      | 500.00       |

1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Telecommunication claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.

# Forms pending for Approval Navigation

Apps

Workflow

Forms pending for ap...

Claims & Reimburseme...

Self Declarations

VPF Declaration

Business Exp Advance

Business Exp Reimbur...

CTC Reimbursements

LTA Reimbursement

Flexi Declaration

Income Tax Declarati...

Income Tax Regime Se...

Vehicle Details

Search

(a) Click on Forms pending for approval for Communication Expense

# Forms pending for Approval [Contd..]

Logged in Employee Summary:  Advanced

Pending Form Names  

| Employee ID                                                                                                           | Employee Name                                                                                                              | Claim Number                                                                                                              | Cost Center                                                                                                                              | Requested Claim Amount                                                                                                  | Raised On                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="text" value="MAX105"/>  | <input type="text" value="Rangasamy A"/>  | <input type="text" value="R000046099"/>  | <input type="text" value="10020102 - Support common"/>  | <input type="text" value="500.00"/>  | <input type="text" value="11-Dec-2020 21:39"/>   |
| MAX105                                                                                                                | Rangasamy A                                                                                                                | R000046099                                                                                                                | 10020102 - Support common                                                                                                                | 500.00                                                                                                                  | 11-Dec-2020 21:39                                                                                                                                                                                                      |
| MAX101                                                                                                                | Vivek Adrenalin Kumar                                                                                                      | R000045986                                                                                                                | 10020102 - Support common                                                                                                                | 301.00                                                                                                                  | 11-Dec-2020 14:36                                                                                                                                                                                                      |
| MAX100                                                                                                                | Satya Deo Misra                                                                                                            | R000045966                                                                                                                | 10010101 - Finance & Accounts                                                                                                            | 500.00                                                                                                                  | 11-Dec-2020 13:23                                                                                                                                                                                                      |
| MAX100                                                                                                                | Satya Deo Misra                                                                                                            | R000045619                                                                                                                | 10010101 - Finance & Accounts                                                                                                            | 100.00                                                                                                                  | 09-Dec-2020 19:49                                                                                                                                                                                                      |

- Select pending form name "Communication Expense"

# Forms pending for Approval [Contd..]

Logged in Employee Summary:  Advanced

Pending Form Names  

| Employee ID                                                                                                           | Employee Name                                                                                                              | Claim Number                                                                                                              | Cost Center                                                                                                                               | Requested Claim Amount                                                                                                  | Raised On                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="text" value="MAX105"/>  | <input type="text" value="Rangasamy A"/>  | <input type="text" value="R000046099"/>  | <input type="text" value="10020102 - Support common"/>  | <input type="text" value="500.00"/>  | <input type="text" value="11-Dec-2020 21:39"/>   |
| MAX105                                                                                                                | Rangasamy A                                                                                                                | R000046099                                                                                                                | 10020102 - Support common                                                                                                                 | 500.00                                                                                                                  | 11-Dec-2020 21:39                                                                                                                                                                                                      |
| MAX101                                                                                                                | Vivek Adrenalin Kumar                                                                                                      | R000045986                                                                                                                | 10020102 - Support common                                                                                                                 | 301.00                                                                                                                  | 11-Dec-2020 14:36                                                                                                                                                                                                      |
| MAX100                                                                                                                | Satya Deo Misra                                                                                                            | R000045966                                                                                                                | 10010101 - Finance & Accounts                                                                                                             | 500.00                                                                                                                  | 11-Dec-2020 13:23                                                                                                                                                                                                      |
| MAX100                                                                                                                | Satya Deo Misra                                                                                                            | R000045619                                                                                                                | 10010101 - Finance & Accounts                                                                                                             | 100.00                                                                                                                  | 09-Dec-2020 19:49                                                                                                                                                                                                      |

- Double click is used to select the details from grid / table



# Forms pending for Approval [Contd..]

|                 |                      |             |                           |
|-----------------|----------------------|-------------|---------------------------|
| EMPLOYEE ID     | MAX108               | Designation | Consultant                |
| Employee Name   | Abdul Hannan Purkait | Grade       | DC                        |
| Date Of Joining | 23-Jul-2020          | Department  | Accountancy               |
| Org Unit        | SNF Core             | Cost Center | 10020102 - Support common |

## Communication Expenses

| #                          | Expense Category       | Comm. Exp. Type | Mobile /Broadband No | Billing Period From Date | Billing Period To Date | Bill Date   | Bill No | Bill Amount | Claim Amount | Approved Amount | Balance Entitlement | Remarks | Document | Previous Level                         |
|----------------------------|------------------------|-----------------|----------------------|--------------------------|------------------------|-------------|---------|-------------|--------------|-----------------|---------------------|---------|----------|----------------------------------------|
| 1 <input type="checkbox"/> | Communication Expenses | Mobile          | 9899573018           | 01-Oct-2020              | 15-Oct-2020            | 31-Oct-2020 | B85066  | 700.00      | 700.00       | 700.00          | 500.00              | Tes     | Document | <a href="#">Previous Level Details</a> |
| Total Amount               |                        |                 |                      |                          |                        |             |         | 700.00      | 700.00       | 700.00          | 500.00              |         |          |                                        |

\*All editable fields are mandatory except for Remarks. However, Remarks are mandatory where claim amount is more than entitlement for the month.

### Note.

1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Communication claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.
2. The claim has to be submitted through system on or before 15th of every month to be considered in the same month payment cycle.
3. You are advised to keep original copies of the bills which may be required to be submitted to the office for audit or tax assessment at a later stage.
4. The credit towards the approved claims of first reimbursement cycle (1-15 day) will be processed by last working day of the month and credit towards the approved claims of the second reimbursement cycle (16 - 30/31 day) will be processed by 15th day of next month.

# Thank You



# CTC Reimbursement Claims Process



**EMPOWERING  
HUMAN ENERGY  
WITH TECHNOLOGY**

## Login Information

User ID

Password

☐ Save Login Details

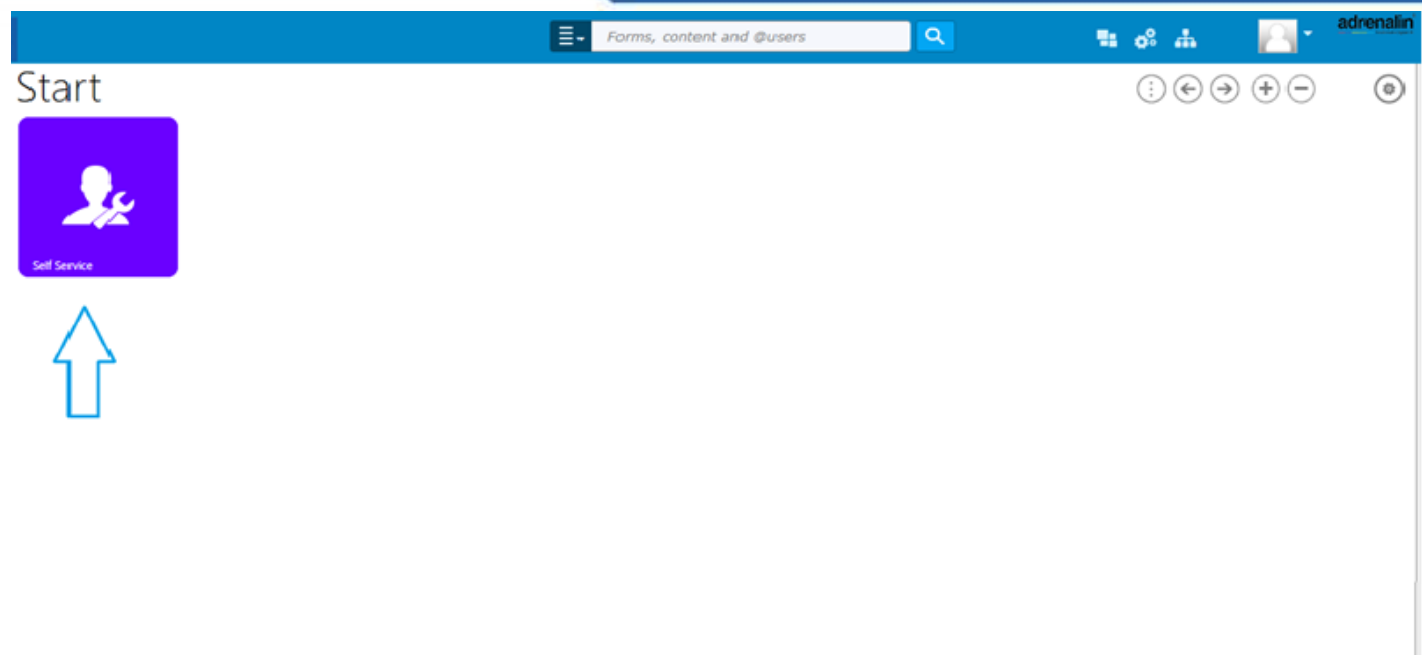
Login

[Forgot password](#)

**adrenalin**  
Human Energy Solutions

In User ID (Mail ID) & Password, please enter your AD\_ID credentials

# Landing page



Landing Page After Successful Login. Click on Self Service Tile



# CTC Reimbursements - Navigation

## Apps

### Workflow



VPF Declaration



Forms pending for ap...

### Claims & Reimburseme...

### Self Declarations



Flexi Declaration



Business Exp  
Advance...



Business Exp  
Reimbur...



Income Tax  
Declarati...



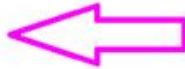
Communication  
Expens...



Income Tax Regime  
Se...



CTC  
Reimbursements



Vehicle Details



LTA  
Reimbursement

**(a) Click on 'CTC Reimbursements' form, to claim for all CTC related claims except LTA**

**(b) Click on LTA reimbursement for LTA claim**

# CTC Reimbursements

 Ramanjaneyalu Reddy ● Logged in Employee Summary: MAX107 ^ Ramanjaneyalu Reddy [Advanced](#)

**CTC Reimbursements**

Select a Claim.\* \* - Mandatory

- Select --
- Select --
- Car Running and Maintenance**
- Driver Salary

- Click on drop down to select claim type
- Only applicable Claims will be shown as per the entitlements

# CTC Reimbursements [Contd..]

|              |                   |              |             |
|--------------|-------------------|--------------|-------------|
| Employee ID: | MAX109            | Designation: | Consultant  |
| Name:        | Sajal Narayan Roy | Grade:       | DC          |
| DOJ:         | 27-Jul-2020       | Department:  | Accountancy |
| Unit:        | SNF Core          |              |             |

Car Running and Maintenance

\* - Mandatory

**Eligibility Details:**

| #. | Annual Eligibility | Current Eligibility | Utilized Amount | Approval Awaited | Balance Eligibility | Effective Date |
|----|--------------------|---------------------|-----------------|------------------|---------------------|----------------|
| 1  | 6,774.00           | 1,774.00            | 0.00            | 1.00             | 1,773.00            | 27-Jul-2020    |

**Claim Details:**

|                          | Bill Number* | Bill Date   | Bill Amount*    | Claim Amount*   | Remarks*    | Document                        |
|--------------------------|--------------|-------------|-----------------|-----------------|-------------|---------------------------------|
| <input type="checkbox"/> | BL123        | 06-Dec-2020 | 1,200.00        | 1,100.00        | Claim Test1 | <a href="#">Document Upload</a> |
| <input type="checkbox"/> | BL321        | 11-Dec-2020 | 5,000.00        | 654.00          | Claim Test1 | <a href="#">Document Upload</a> |
| <b>Total</b>             |              |             | <b>6,200.00</b> | <b>1,754.00</b> |             |                                 |

Add

Remove

Claim Test December

Comments:

Note:

1. Please upload appropriate documentation to substantiate your request against at least one of the line item covering all the claims being submitted on this page. Failure to comply with this may lead to rejection of the claim request.

2. The claim has to be submitted through system on or before 15th of every month to be considered in the same month payment cycle

3. You are advised to keep original copies of the bills which may be required to be submitted to the office for audit or tax assessment at a later stage

The credit towards the approved claims of first reimbursement cycle (1-15 day) will be processed by last working day of 4. the month and credit towards the approved claims of the second reimbursement cycle (16 -30/31 day) will be processed by 15th day of next month.

Save

Submit

Reset

Back

[View Workflow Information and Approvers' comments](#)

**Note 1:** Enter Bill Number, Bill\_date, Bill Amount, Claim Amount and Remarks. Enter comments if required.

**Note 2:** Attachment is not mandatory. Multiple claims can be entered by clicking add button





# CTC Reimbursements [Contd..]

✓ – Submitted Successfully

Employee ID: MAX109 Designation: Consultant  
Name: Sajal Narayan Roy Grade: DC  
DOJ: 27-Jul-2020 Department: Accountancy  
Unit: SNF Core

Car Running and Maintenance

\* - Mandatory

## Eligibility Details:

| # | Annual Eligibility | Current Eligibility | Utilized Amount | Approval Awaited | Balance Eligibility | Effective Date |
|---|--------------------|---------------------|-----------------|------------------|---------------------|----------------|
| 1 | 6,774.00           | 1,774.00            | 0.00            | 1.00             | 1,773.00            | 27-Jul-2020    |

## Claim Details:

|                          | Bill Number* | Bill Date   | Bill Amount*    | Claim Amount*   | Remarks*    | Document                        |
|--------------------------|--------------|-------------|-----------------|-----------------|-------------|---------------------------------|
| <input type="checkbox"/> | BL123        | 06-Dec-2020 | 1,200.00        | 1,100.00        | Claim Test1 | <a href="#">Document Upload</a> |
| <input type="checkbox"/> | BL321        | 11-Dec-2020 | 5,000.00        | 654.00          | Claim Test1 | <a href="#">Document Upload</a> |
| <b>Total</b>             |              |             | <b>6,200.00</b> | <b>1,754.00</b> |             |                                 |

Add

Remove

### Note:

1. Please upload appropriate documentation to substantiate your request against at least one of the line item covering all the claims being submitted on this page. Failure to comply with this may lead to rejection of the claim request.
2. The claim has to be submitted through system on or before 15th of every month to be considered in the same month payment cycle
3. You are advised to keep original copies of the bills which may be required to be submitted to the office for audit or tax assessment at a later stage
4. The credit towards the approved claims of first reimbursement cycle (1-15 day) will be processed by last working day of the month and credit towards the approved claims of the second reimbursement cycle (16 - 30/31 day) will be processed by 15th day of next month.

Claim Test December

Comments:

Reset Back Print

[View Workflow Information and Approvers' comments](#)

On successful submission a mail will be triggered to employees.

Post approval / rejection another mail will be triggered with status



# LTA Reimbursement [Navigation]

## Apps

### Workflow



VPF Declaration



Forms pending for ap...

### Claims & Reimburse...

### Self Declarations



Flexi Declaration



Business Exp  
Advance...



Business Exp  
Reimbur...



Income Tax  
Declarati...



Communication  
Expens...



Income Tax Regime  
Se...



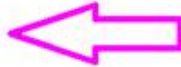
CTC  
Reimbursements



Vehicle Details



LTA  
Reimbursement



Click on LTA reimbursement for LTA claim under Flexi



# LTA Reimbursement [Contd..]

LTA Reimbursement

Employee ID:MAX109

Designation:Consultant

Name:Sajal Narayan Roy

Department:Accountancy

DOJ:27-Jul-2020

Unit:SNF Core

Current Fiscal Year:2020-2021

Current LTA Block Period:2018-2021

Total Number of exemptions claimed for block (2018-2021):0

| # | Annual Eligibility | Current Eligibility | Opening Balance | Total Eligibility (Opening balance + current year pro-rata eligibility) | Approved Amount | Approval Awaited | Balance Eligibility |
|---|--------------------|---------------------|-----------------|-------------------------------------------------------------------------|-----------------|------------------|---------------------|
| 1 | 39,583.00          | 7,022.79            | 0.00            | 7,022.79                                                                | 0.00            | 0.00             | 7,022.79            |

Travel Type:\*

Domestic

LTA Type:\*

☒ Non Taxable (With bills)

Travel Period

Passenger Details

Travel Places

Travel Start Date\*

01-Dec-2020

Travel End Date\*

04-Dec-2020

Add Row

Delete Row

Total Claim Amount:Comments:\*

Submit

Reset

[View Workflow Information and Approvers' comments](#)

\* - Mandatory

Enter Travel period



# LTA Reimbursement [Contd..]

LTA Reimbursement

Employee ID:MAX109

Designation:Consultant

Name:Sajal Narayan Roy

Department:Accountancy

DOJ:27-Jul-2020

Unit:SNF Core

Current Fiscal Year:2020-2021

Current LTA Block Period:2018-2021

Total Number of exemptions claimed for block (2018-2021):0

Travel Type:\*

Domestic

LTA Type:\*

Non Taxable (With bills)

Travel Period

Passenger Details

Travel Places

My Family Details

|                          | Passenger Name*       | Relationship*   | Age*          |
|--------------------------|-----------------------|-----------------|---------------|
| <input type="checkbox"/> | <div>Sajal Roy</div>  | <div>Self</div> | <div>45</div> |
| <input type="checkbox"/> | <div>Jevita Roy</div> | <div>Wife</div> | <div>42</div> |

Add Row

Delete Row

Total Claim Amount:

Comments:\*

Submit

Reset

[View Workflow Information and Approvers' comments](#)

Enter Passenger Details



# LTA Reimbursement [Contd..]

LTA Reimbursement

Employee ID:MAX109

Designation:Consultant

Name:Sajal Narayan Roy

Department:Accountancy

DOJ:27-Jul-2020

Unit:SNF Core

Current Fiscal Year:2020-2021

Current LTA Block Period:2018-2021

Total Number of exemptions claimed for block (2018-2021):0

Travel Type:Domestic

LTA Type:Non Taxable (With bills)

Travel Period

Passenger Details

Travel Places

|                          | Travel From(Source City) * | Travel To (Destination City) * | Travel Mode * | Amount Incurred * | Document        |
|--------------------------|----------------------------|--------------------------------|---------------|-------------------|-----------------|
| <input type="checkbox"/> | Delhi                      | Mumbai                         | Air           | 14,000.00         | Document Upload |
| <input type="checkbox"/> | Mumbai                     | Delhi                          | Air           | 12,000.00         | Document Upload |

Add Row

Delete Row

Total Claim Amount:26,000.00

Comments:

SubmitReset

View Workflow Information and Approvers' comments

## Documents

AESJPG.zip

Choose fileNo file chosen

Upload

Documents:

Click on Add/Upload after browse the file. Recommended File upload size 1MB. File Types Allowed are doc,jpg,jpeg,bmp,zip,png,rar,csv,ppt,xlr,xls,xlsx,pdf,rtf,docx

Submit

Reset

Close

Enter Travel Places & attach scan copy of the documents and click on Submit



# LTA Reimbursement [Contd..]

✔ – Submitted Successfully !

## LTA Reimbursement

Employee ID: MAX109  
Name: Sajal Narayan Roy  
DOJ: 27-Jul-2020  
Current Fiscal Year: 2020-2021  
Total Number of exemptions claimed for block (2018-2021): 0

Designation: Consultant  
Department: Accountancy  
Unit: SNF Core  
Current LTA Block Period: 2018-2021

| #. | Annual Eligibility | Current Eligibility | Opening Balance | Total Eligibility (Opening balance + current year pro-rata eligibility) | Approved Amount | Approval Awaited | Balance Eligibility |
|----|--------------------|---------------------|-----------------|-------------------------------------------------------------------------|-----------------|------------------|---------------------|
| 1  | 39,583.00          | 7,022.79            | 0.00            | 7,022.79                                                                | 0.00            | 0.00             | 7,022.79            |

Travel Type:\* Domestic ▾

LTA Type:\* ☒ Non Taxable (With bills)

Travel Period Passenger Details Travel Places

|                          | Travel From(Source City) | Travel To (Destination City) * | Travel Mode * | Amount Incurred * | Document                        |
|--------------------------|--------------------------|--------------------------------|---------------|-------------------|---------------------------------|
| <input type="checkbox"/> | Delhi                    | Mumbai                         | Air ▾         | 14,000.00         | <a href="#">Document Upload</a> |
| <input type="checkbox"/> | Mumbai                   | Delhi                          | Air ▾         | 12,000.00         | <a href="#">Document Upload</a> |

Add Row Delete Row

Total Claim Amount: 26,000.00

Comments:\*

LTA claim test

Reset

[View Workflow Information and Approvers' comments](#)

Submit once all the details are entered



## Note on “CTC Reimbursements Claims and payment process”

- 1) The claim has to be submitted through system on or before 15<sup>th</sup> of every month.
- 2) You need to attach scanned copies of the bills under document upload field.
- 3) You are advised to keep original copies of the bills which may be required to submit to the office for audit or tax assessment.
- 4) The credit towards the approved claim will be processed by last working day of the month.

Thank You





# Communication Expense Process

# ESS portal - Login page

SHIV NADAR FOUNDATION

HCL

**EMPOWERING  
HUMAN ENERGY  
WITH TECHNOLOGY**

## Login Information

User ID

Password

☐ Save Login Details

Login

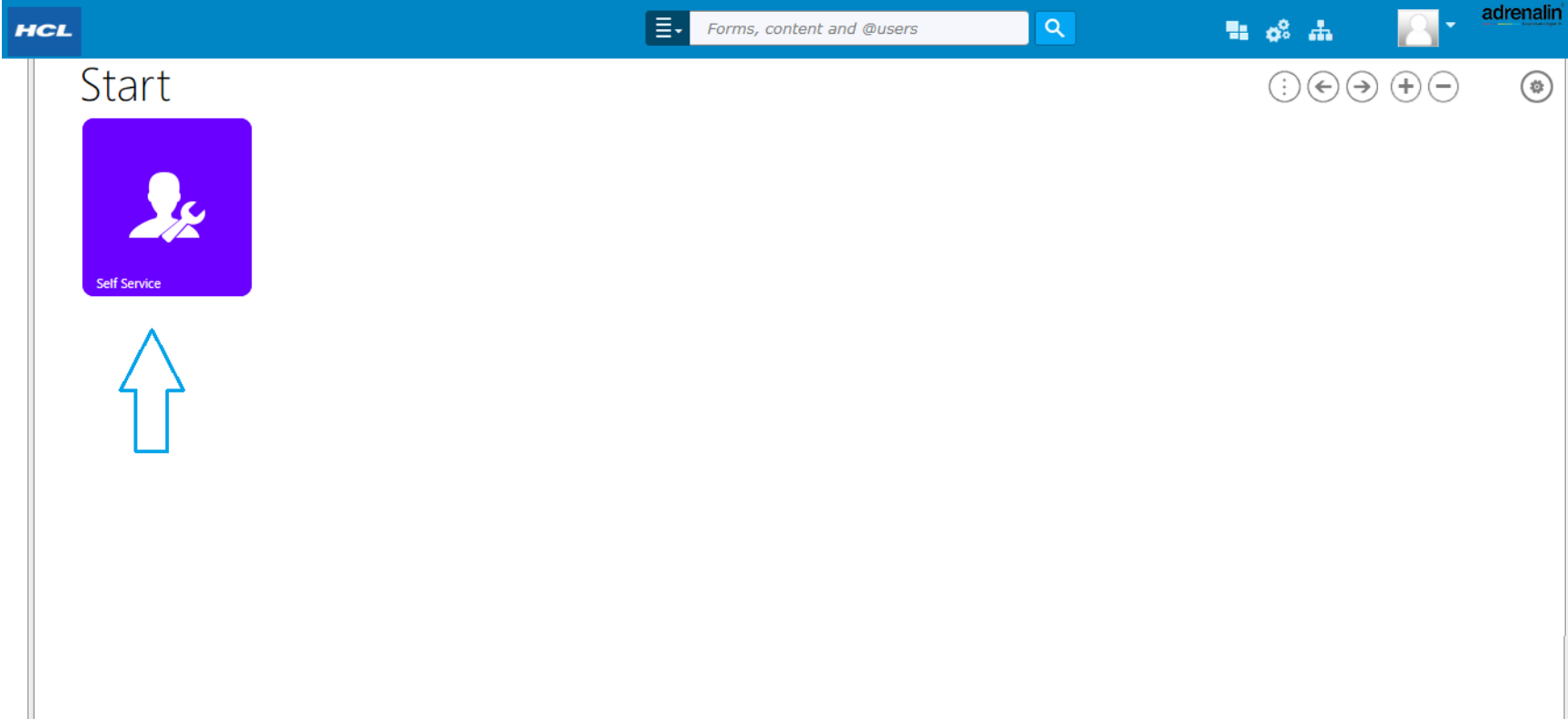
[Forgot password](#)

adrenalin<sup>®</sup>

In User ID & Password, please  
enter your AD\_ID credentials

(e.g.) "SNF\bharat.saxena"

# Landing page



Landing Page After Successful Login. Click on Self Service Tile

# Communication Expense Navigation

The screenshot displays the HCL Adrenalin portal interface. At the top, there is a blue header bar with the HCL logo, user icons, a search bar containing 'Forms, content and @users', and the Adrenalin logo. Below the header, the main content area is titled 'Apps' and includes a search bar. A left-hand navigation menu lists categories: 'Workflow', 'Self Declarations', and 'Forms pending for ap...'. The main area displays a grid of application tiles. A yellow callout box with the text '(a) Click on Communication Expense' and a black arrow points to the 'Communication Expense' tile. The tiles include: VPF Declaration, Claims & Reimburseme..., Business Exp Advance..., Business Exp Reimbur..., Communication Expens..., CTC Reimbursements, LTA Reimbursement, Flexi Declaration, Income Tax Declarati..., Income Tax Regime Se..., and Vehicle Details.

**Apps**

Workflow

Self Declarations

Forms pending for ap...

VPF Declaration

Claims & Reimburseme...

Business Exp Advance...

Business Exp Reimbur...

Communication Expens...

CTC Reimbursements

LTA Reimbursement

Flexi Declaration

Income Tax Declarati...

Income Tax Regime Se...

Vehicle Details

**(a) Click on Communication Expense**

# Communication Expense

|                 |                |             |                     |
|-----------------|----------------|-------------|---------------------|
| EMPLOYEE ID     | MAX104         | Designation | Consultant          |
| Employee Name   | Mamalaivasan S | Grade       | SP                  |
| Date Of Joining | 27-Jun-2020    | Department  | Accountancy         |
| Org Unit        | SNF Core       | Cost Center | 12010101 - Academic |

- Default claim amount will populate as per Bill amount entered and this should be editable

| Communication Expenses |                          |                        |                      |                          |                        |             |             |             |              |                     |                     |                        |                          |
|------------------------|--------------------------|------------------------|----------------------|--------------------------|------------------------|-------------|-------------|-------------|--------------|---------------------|---------------------|------------------------|--------------------------|
| #                      | Expense Category         | Comm. Exp. Type        | Mobile /Broadband No | Billing Period From Date | Billing Period To Date | Bill Date   | Bill No     | Bill Amount | Claim Amount | Balance Entitlement | Remarks             | Document               |                          |
| 1                      | <input type="checkbox"/> | Communication Expenses | Mobile               | 9899573018               | 01-Aug-2020            | 31-Aug-2020 | 01-Sep-2020 | B678666     | 400.00       | 400.00              | 500.00              |                        | <a href="#">Document</a> |
| Total Amount           |                          |                        |                      |                          |                        |             |             | 400.00      | 400.00       | 500.00              | <a href="#">Add</a> | <a href="#">Remove</a> |                          |

\*All editable fields are mandatory except for Remarks. However, Remarks are mandatory where claim amount is more than entitlement for the month.

## Note.

1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Telecommunication claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.
2. The claim has to be submitted through system on or before 15th of every month to be considered in the same month payment cycle.
3. You are advised to keep original copies of the bills which may be required to be submitted to the office for audit or tax assessment at a later stage.
4. The credit towards the approved claims of first reimbursement cycle (1-15 day) will be processed by last working day of the month and credit towards the approved claims of the second reimbursement cycle (16 - 30/31 day) will be processed by 15th day of next month.

[Save](#) [Submit](#) [Reset](#)

[View Workflow Information and Approvers' comments](#)

- Select Exp. Type from Comm. Exp. Type drop down
- Enter Mobile/ Broadband No
- Select Billing Period From Date, To Date and Bill Date
- Enter Bill No and Bill Amount

# Communication Expense [Contd..]

|                 |                |             |                     |
|-----------------|----------------|-------------|---------------------|
| EMPLOYEE ID     | MAX104         | Designation | Consultant          |
| Employee Name   | Mamalaivasan S | Grade       | SP                  |
| Date Of Joining | 27-Jun-2020    | Department  | Accountancy         |
| Org Unit        | SNF Core       | Cost Center | 12010101 - Academic |

- After each of the line item employee can add more than one line clicking "Add" button

| Communication Expenses |                        |                 |                      |                          |                        |             |         |             |              |                     |                                            |                          |
|------------------------|------------------------|-----------------|----------------------|--------------------------|------------------------|-------------|---------|-------------|--------------|---------------------|--------------------------------------------|--------------------------|
| #                      | Expense Category       | Comm. Exp. Type | Mobile /Broadband No | Billing Period From Date | Billing Period To Date | Bill Date   | Bill No | Bill Amount | Claim Amount | Balance Entitlement | Remarks                                    | Document                 |
| 1                      | Communication Expenses | Mobile          | 9899573018           | 01-Aug-2020              | 31-Aug-2020            | 01-Sep-2020 | B678666 | 400.00      | 400.00       | 500.00              |                                            | <a href="#">Document</a> |
| 2                      | Communication Expenses | DataCard        | 34343243242334       | 01-Oct-2020              | 31-Oct-2020            | 01-Nov-2020 | 31243BR | 0.00        | 0.00         | 0.00                |                                            | <a href="#">Document</a> |
| Total Amount           |                        |                 |                      |                          |                        |             |         | 400.00      | 400.00       | 500.00              | <a href="#">Add</a> <a href="#">Remove</a> |                          |

\*All editable fields are mandatory except for Remarks. However, Remarks are mandatory where claim amount is more than entitlement for the month.

## Note.

1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Telecommunication claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.
2. The claim has to be submitted through system on or before 15th of every month to be considered in the same month payment cycle.
3. You are advised to keep original copies of the bills which may be required to be submitted to the office for audit or tax assessment at a later stage.
4. The credit towards the approved claims of first reimbursement cycle (1-15 day) will be processed by last working day of the month and credit towards the approved claims of the second reimbursement cycle (16 - 30/31 day) will be processed by 15th day of next month.

- Duplicate bill number is not allowed
- Only one transaction per category type (ie.. Mobile / Datard/ Boradband) is allowed per month.
- In the subsequent transaction / line amount only balance eligibility for that month to be displayed be available for claim

# Communication Expense [Contd..]



Submitted Successfully !

\* Amount in (INR)

| Claim Number         | Raised On            | Bill Amount          | Claim Amount         | Approve Amount       | Status               |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

No records to display.

|                 |             |             |                           |
|-----------------|-------------|-------------|---------------------------|
| Employee ID     | MAX105      | Designation | Consultant                |
| Employee Name   | Rangasamy A | Grade       | DC                        |
| Date Of Joining | 30-Jun-2020 | Department  | Accountancy               |
| Unit            | SNF Core    | Cost Center | 10020102 - Support common |

## Communication Expenses

| #                          | Expense Category       | Comm. Exp. Type | Mobile /Broadband No | Billing Period From Date | Billing Period To Date | Bill Date   | Bill No | Bill Amount | Claim Amount |
|----------------------------|------------------------|-----------------|----------------------|--------------------------|------------------------|-------------|---------|-------------|--------------|
| 1 <input type="checkbox"/> | Communication Expenses | Mobile          | 9899573018           | 01-Oct-2020              | 31-Oct-2020            | 01-Nov-2020 | 543543  | 500.00      | 500.00       |
| Total Amount               |                        |                 |                      |                          |                        |             |         | 500.00      | 500.00       |

1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Telecommunication claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.

# Forms pending for Approval Navigation

The screenshot displays the HCL Adrenaline portal interface. The top navigation bar includes the HCL logo, user icons, a search bar with the text "Forms, content and @users", and a user profile icon labeled "adrenaline". The main content area is titled "Apps" and features a search bar. Under the "Workflow" section, the "Forms pending for approval" icon is highlighted with a red box, and a red arrow points to it. Other icons visible include "VPF Declaration", "Claims & Reimbursement", "Business Exp Advance", "Business Exp Reimbursement", "CTC Reimbursements", "LTA Reimbursement", "Income Tax Declaration", "Income Tax Regime Selection", "Flexi Declaration", and "Vehicle Details".

**(a) Click on Forms pending for approval for Communication Expense**



# Forms pending for Approval [Contd..]

**HCL**



Forms pending for approval







**adrenalin**

 Logged in

Employee Summary:  [Advanced](#)

\* - Mandatory

Pending Form Names

Communication Expenses (4) ▼



| Employee ID            | Employee Name          | Claim Number           | Cost Center                   | Requested Claim Amount | Raised On                                                                                                  |
|------------------------|------------------------|------------------------|-------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="text"/> ▼ | <input type="text"/> ▼ | <input type="text"/> ▼ | <input type="text"/> ▼        | <input type="text"/> ▼ | <input type="text"/>  ▼ |
| MAX105                 | Rangasamy A            | R000046099             | 10020102 - Support common     | 500.00                 | 11-Dec-2020 21:39                                                                                          |
| MAX101                 | Vivek Adrenalin Kumar  | R000045986             | 10020102 - Support common     | 301.00                 | 11-Dec-2020 14:36                                                                                          |
| MAX100                 | Satya Deo Misra        | R000045966             | 10010101 - Finance & Accounts | 500.00                 | 11-Dec-2020 13:23                                                                                          |
| MAX100                 | Satya Deo Misra        | R000045619             | 10010101 - Finance & Accounts | 100.00                 | 09-Dec-2020 19:49                                                                                          |

Reset

- Select pending form name "Communication Expense"

# Forms pending for Approval [Contd..]



Forms pending for approval



adrenalin



Logged in

Employee Summary:  [Advanced](#)

Pending Form Names

Communication Expenses (4)



| Employee ID            | Employee Name          | Claim Number           | Cost Center                   | Requested Claim Amount | Raised On                                                                                                  |
|------------------------|------------------------|------------------------|-------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <input type="text"/> Y | <input type="text"/> Y | <input type="text"/> Y | <input type="text"/> Y        | <input type="text"/> Y | <input type="text"/>  Y |
| MAX105                 | Rangasamy A            | R000046099             | 10020102 - Support common     | 500.00                 | 11-Dec-2020 21:39                                                                                          |
| MAX101                 | Vivek Adrenalin Kumar  | R000045986             | 10020102 - Support common     | 301.00                 | 11-Dec-2020 14:36                                                                                          |
| MAX100                 | Satya Deo Misra        | R000045966             | 10010101 - Finance & Accounts | 500.00                 | 11-Dec-2020 13:23                                                                                          |
| MAX100                 | Satya Deo Misra        | R000045619             | 10010101 - Finance & Accounts | 100.00                 | 09-Dec-2020 19:49                                                                                          |

Reset

- Double click is used to select the details from grid / table

# Forms pending for Approval [Contd..]

|                 |                      |             |                           |
|-----------------|----------------------|-------------|---------------------------|
| EMPLOYEE ID     | MAX108               | Designation | Consultant                |
| Employee Name   | Abdul Hannan Purkait | Grade       | DC                        |
| Date Of Joining | 23-Jul-2020          | Department  | Accountancy               |
| Org Unit        | SNF Core             | Cost Center | 10020102 - Support common |

## Communication Expenses

| #                          | Expense Category       | Comm. Exp. Type | Mobile /Broadband No | Billing Period From Date | Billing Period To Date | Bill Date   | Bill No | Bill Amount | Claim Amount | Approved Amount | Balance Entitlement | Remarks | Document | Previous Level                         |
|----------------------------|------------------------|-----------------|----------------------|--------------------------|------------------------|-------------|---------|-------------|--------------|-----------------|---------------------|---------|----------|----------------------------------------|
| 1 <input type="checkbox"/> | Communication Expenses | Mobile          | 9899573018           | 01-Oct-2020              | 15-Oct-2020            | 31-Oct-2020 | B85066  | 700.00      | 700.00       | 700.00          | 500.00              | Tes     | Document | <a href="#">Previous Level Details</a> |
| Total Amount               |                        |                 |                      |                          |                        |             |         | 700.00      | 700.00       | 700.00          | 500.00              |         |          |                                        |

\*All editable fields are mandatory except for Remarks. However, Remarks are mandatory where claim amount is more than entitlement for the month.

### Note.

1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Communication claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.
2. The claim has to be submitted through system on or before 15th of every month to be considered in the same month payment cycle.
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4. The credit towards the approved claims of first reimbursement cycle (1-15 day) will be processed by last working day of the month and credit towards the approved claims of the second reimbursement cycle (16 - 30/31 day) will be processed by 15th day of next month.

# Note on “Communication Expense”

- First level approver / approving authority can approve or reject an claim
- In case approver wants to approve amount other than the claim amount he has to reject the claim with suitable comment to employee to resubmit the claim.
- Approver cannot edit the Approved Amount field
- There will be separate comment box be available for RM / FUNCTIONAL Approver and for Finance Approver
- However after RM approves the claim with remark in approver remark that approval is for the reduced amount, Finance will have the right to verify and reduce the claim amount, as needed / mentioned in the reason in the Remark column.
- Finance approver should be able to view Claim Initiator and Claim Approver remarks.
- Based on the policy guidelines finance will have the final authority to fully / partially approve / reject the claimed amount
- Finance will have edit right to enter Approved Amount
- Approved amount cannot not be more than the claimed amount

# Thank You