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

NAME
Address: Line 1,
City, State – Pin code
Telephone no.: mobile number
E-mail address:
GSTIN of Supplier:
PAN: xxxx1111x

Tax Invoice

Invoice No. : 2021-22/01 Date: dd-mmm-yy

Details of Receiver

Name, address:	SSN Trust – SSN College of engineering, Kalavakkam, Chennai, 603110
State:	Tamilnadu
State Code :	33
GSTIN/Unique ID of Receiver:	33AAATS2240Q1ZD
PAN:	AAATS2240Q
Place of Supply:	Tamilnadu

Sr. No.	Description of Services	SAC Code	Including GST Value
1	Honararium	9983	5,000
2	Travel reimbursement	9983	3,000
Total Amount			5,000

Total Invoice Amount
Invoice Total (In Words): Five Throusand Only

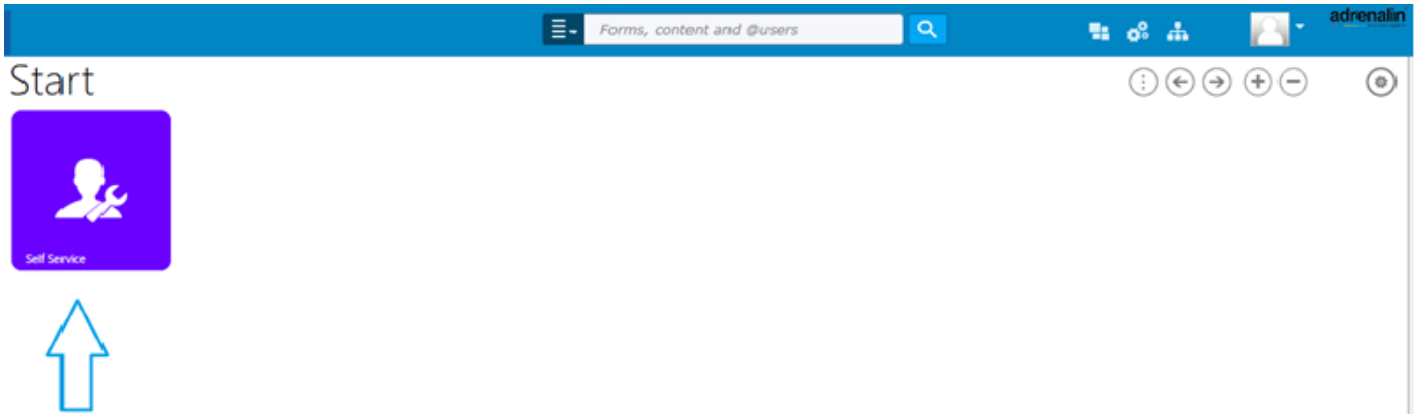
Bank Details for direct deposit:	**For Receipient**
Name: receipient	
Account Number:	
Bank Name:	
Bank Branch:	
IFSC Code:	Authorized Signatory

Business Exp Reimbursement Process

ESS portal - Login page

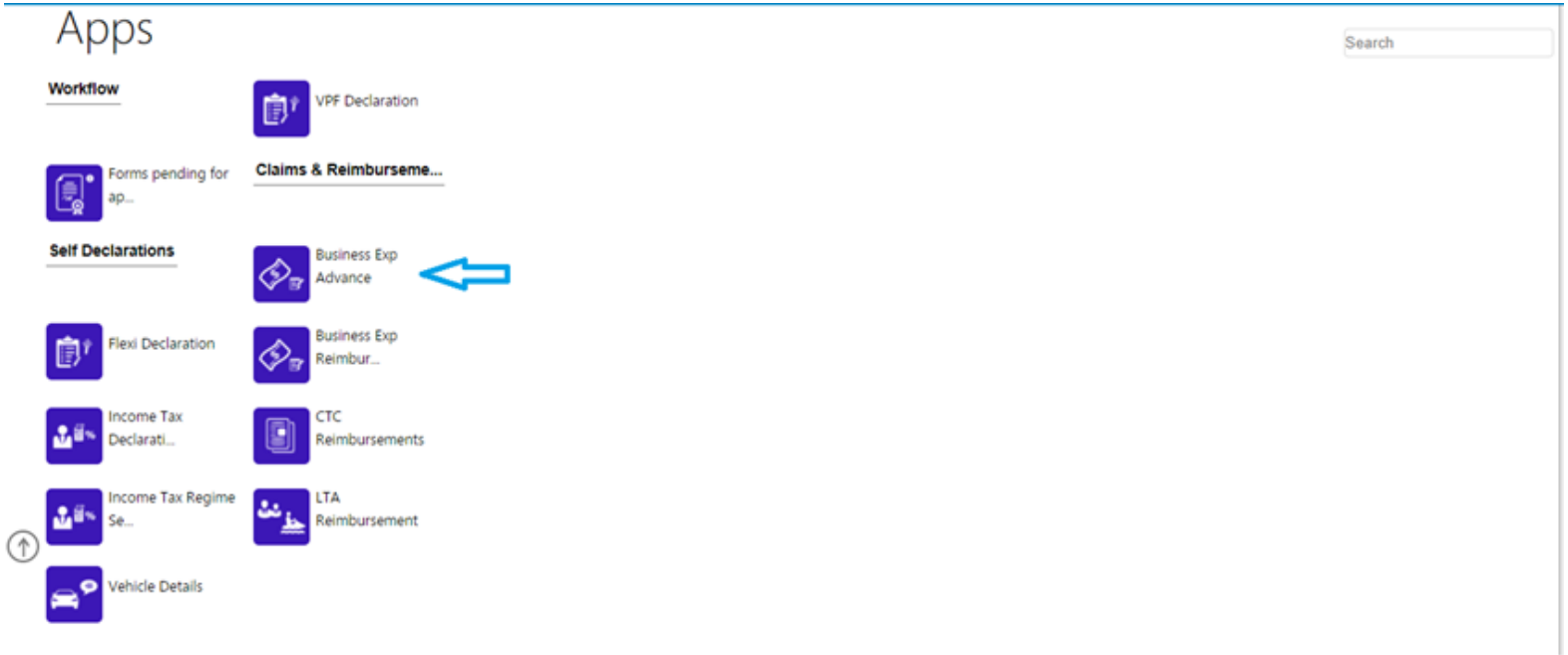
In User ID (Mail ID) & Password, please enter your AD_ID credentials

Landing page



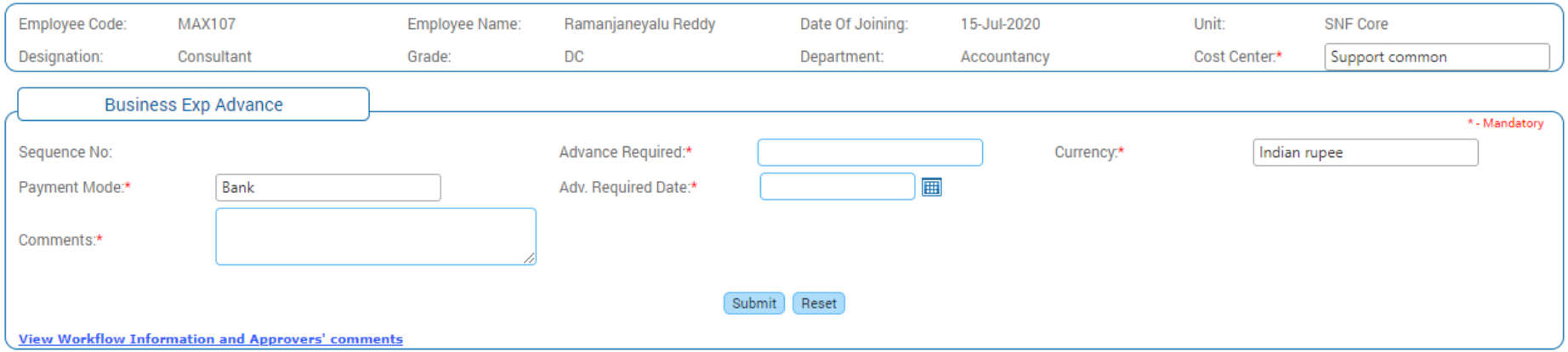
Landing Page After Successful Login. Click on Self Service Tile

Business Exp Advance Request Navigation



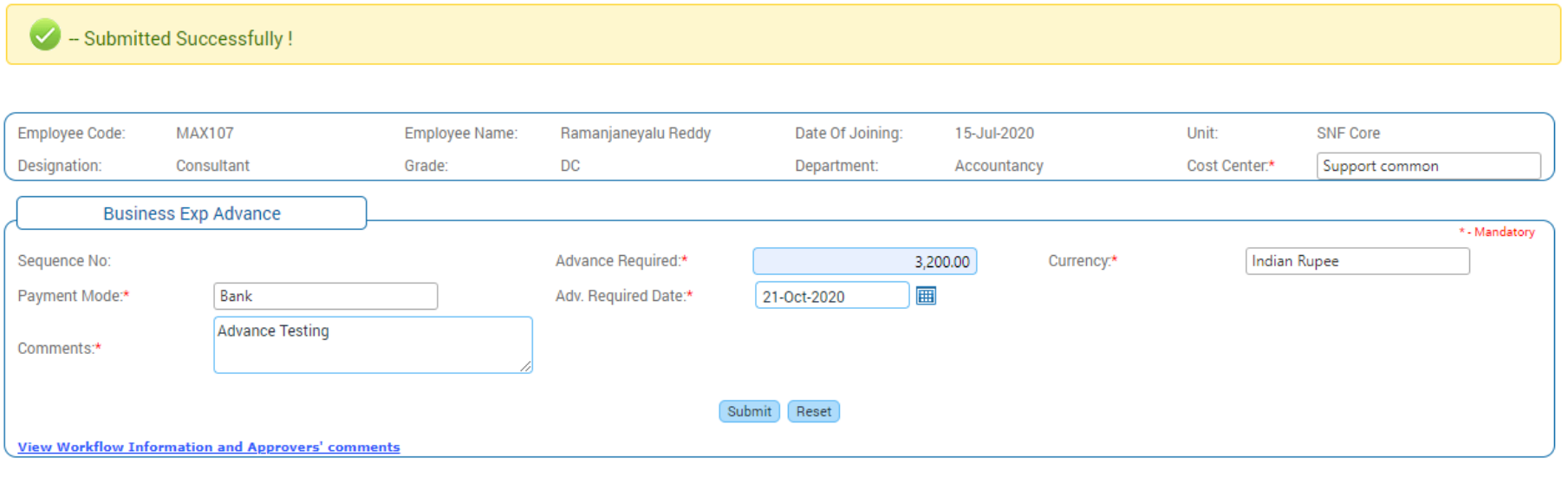
(a) Click on Business Exp Advance for advance request

Business Exp Advance Request



- **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**

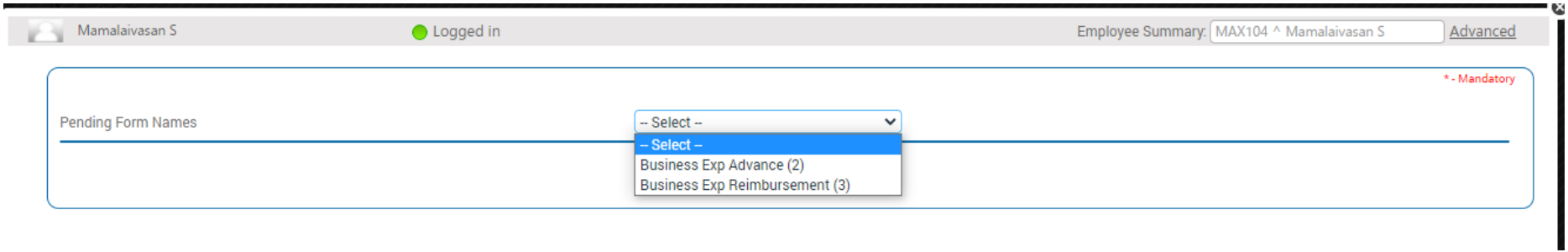
Business Exp Advance Request [Contd..]



Forms pending for Approval Navigation

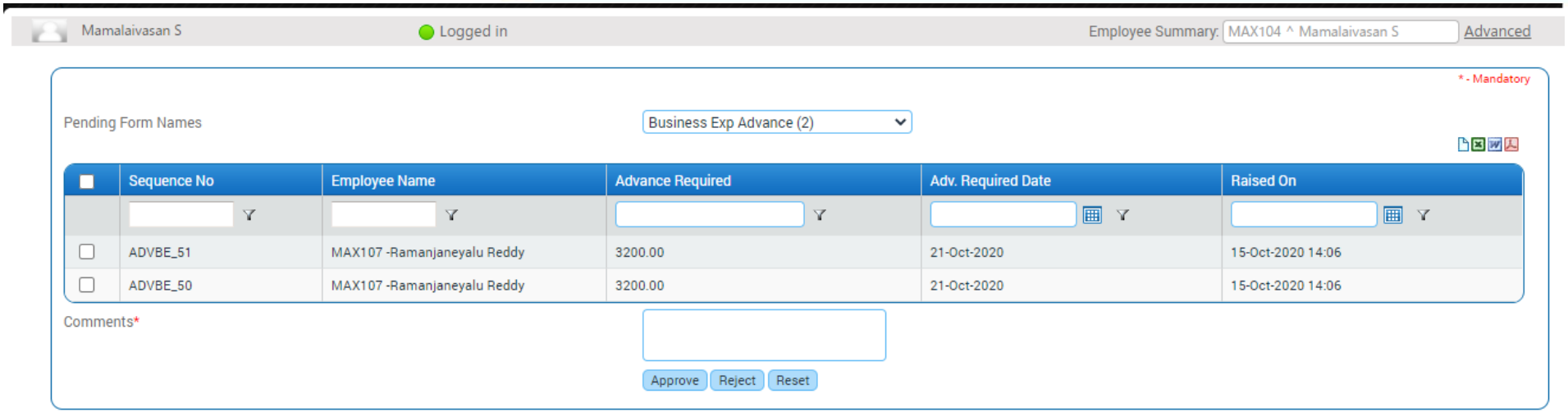
(a) Click on Forms pending for approval for advance Approved

Forms pending for Approval [Contd..]



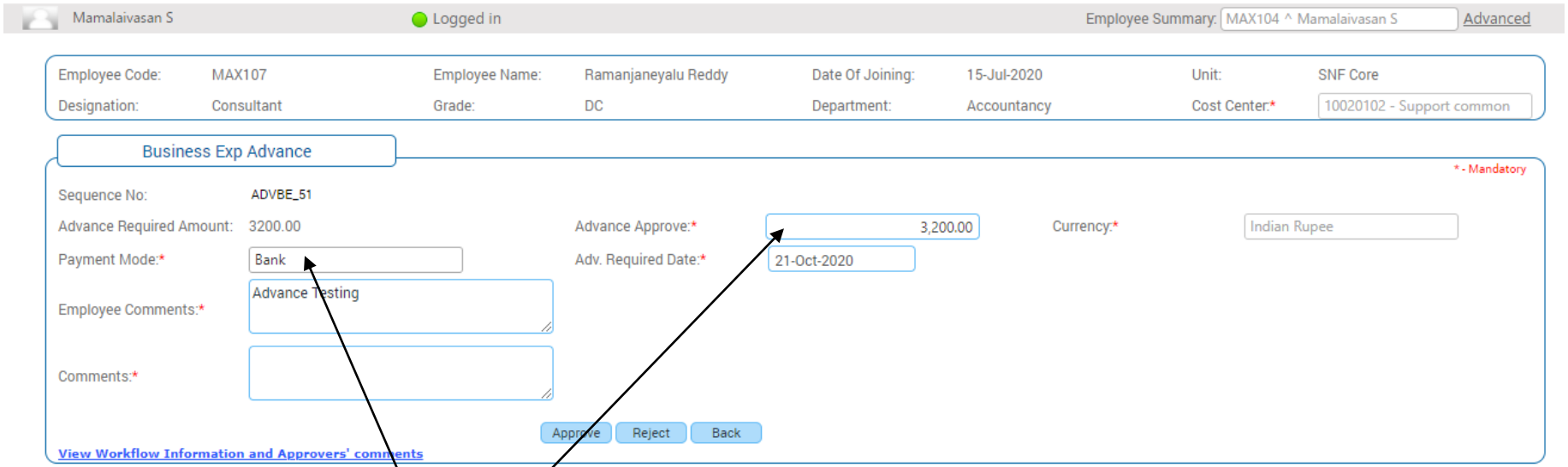
- **Select pending form name “Business Exp Advance Request”**

Forms pending for Approval [Contd..]



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

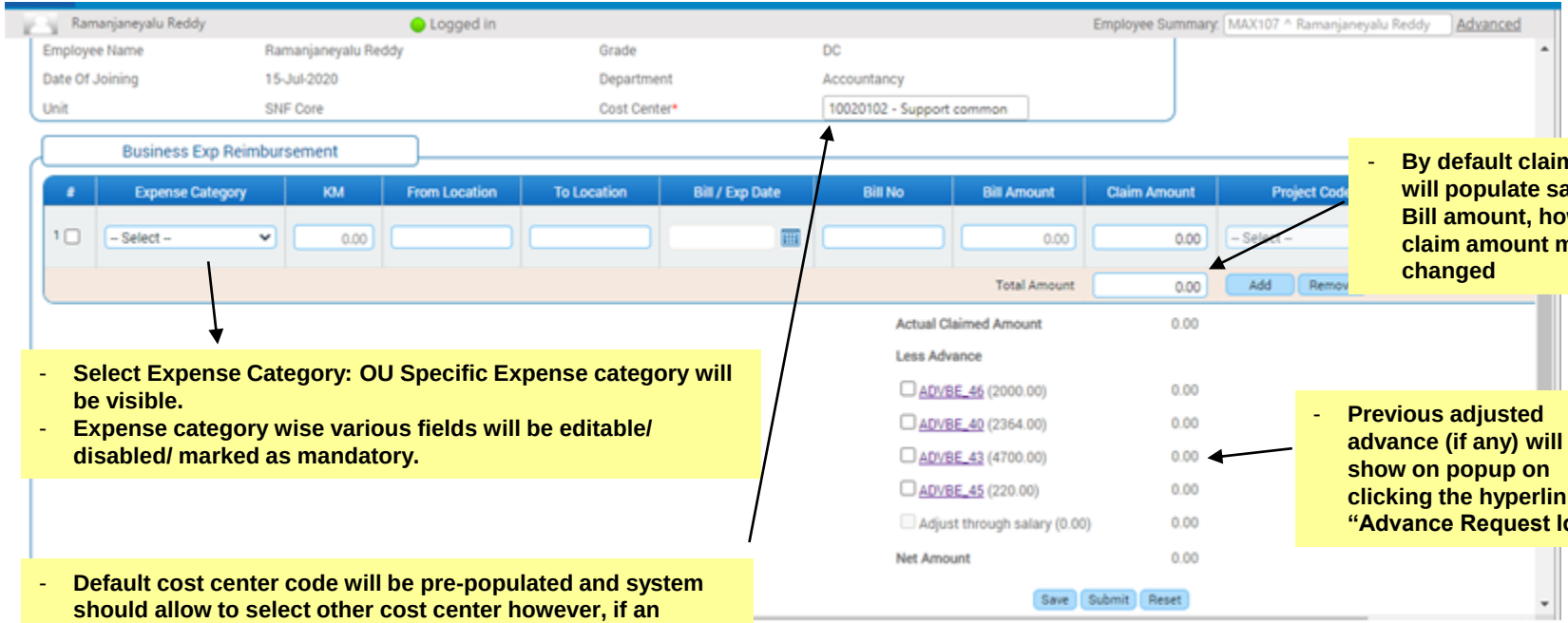
Forms pending for Approval [Contd..]



- **"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

Business Exp Reimbursement [Contd..]



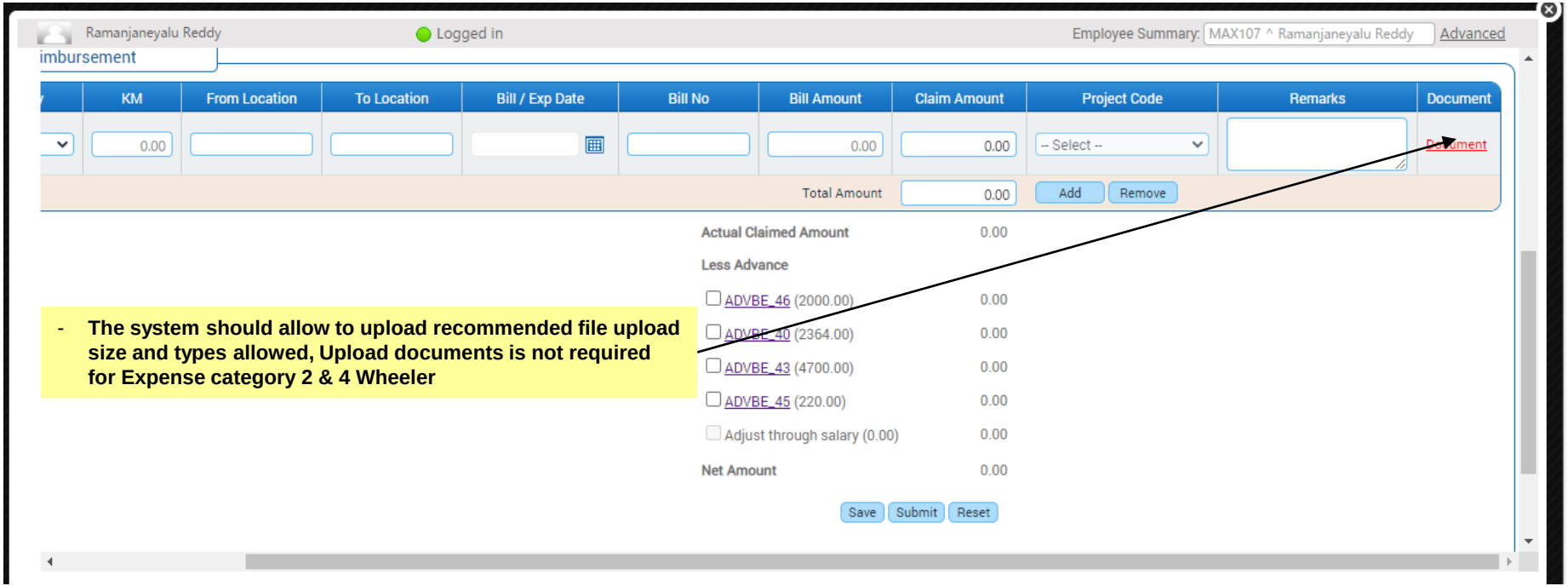
- By default claim amount will populate same as per Bill amount, however, claim amount may be changed

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

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

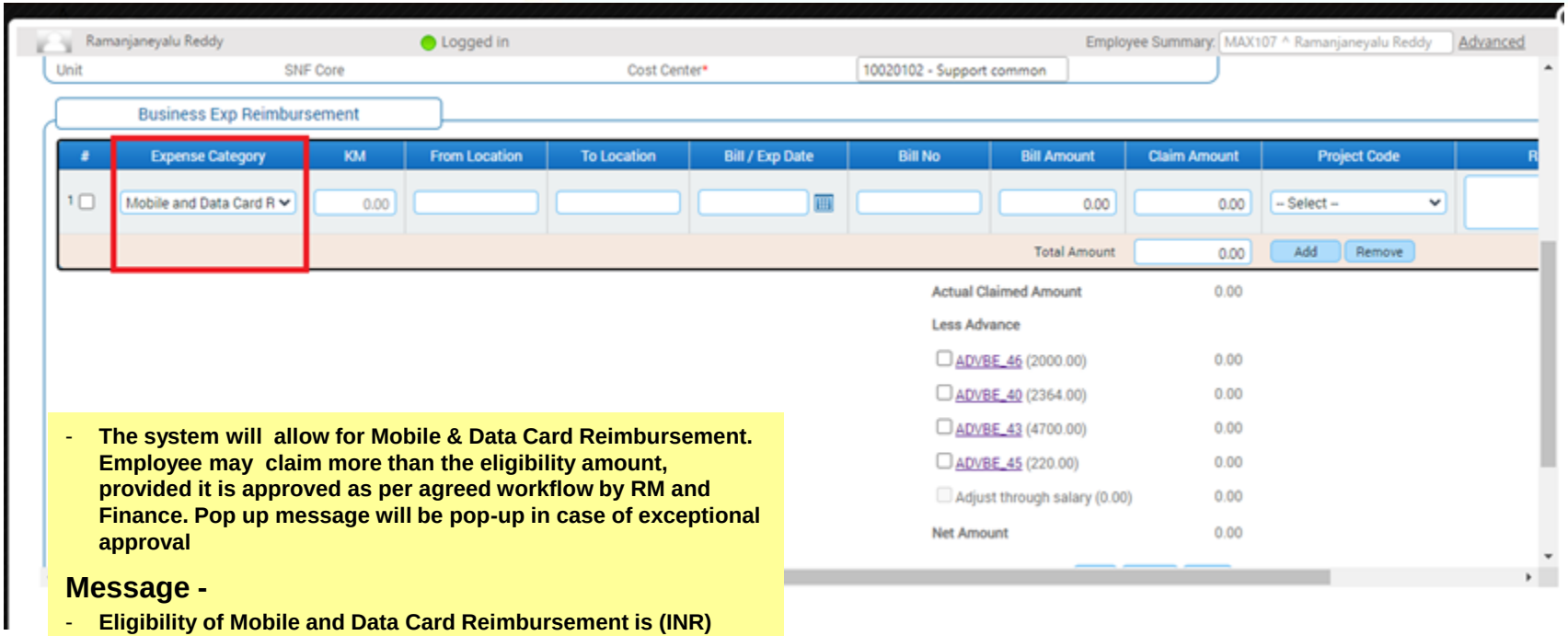
- Default cost center code will be pre-populated and system should allow to select other cost center however, if an employee desires to change the cost center within his branch under his legal entity he can change the same by selecting the relevant cost center in the drop down value

Business Exp Reimbursement [Contd..]



- **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..]

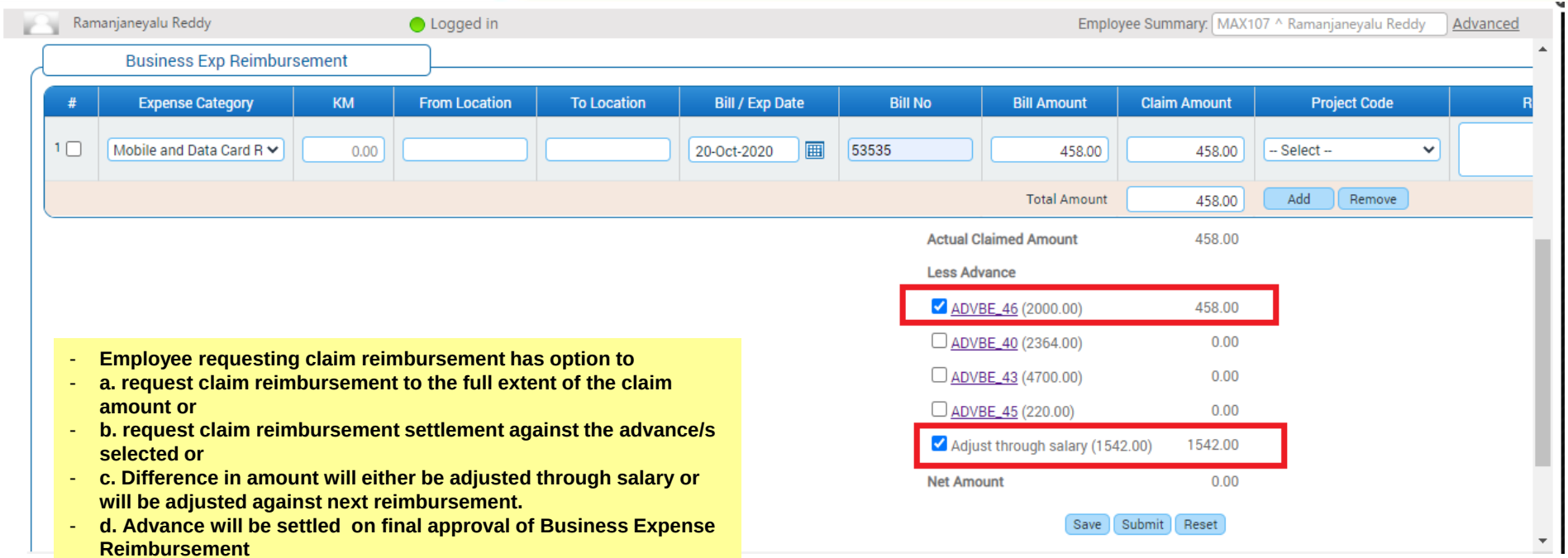


- **The system will allow for Mobile & Data Card Reimbursement. Employee may claim more than the eligibility amount, provided it is approved as per agreed workflow by RM and Finance. Pop up message will be pop-up in case of exceptional approval**

Message -

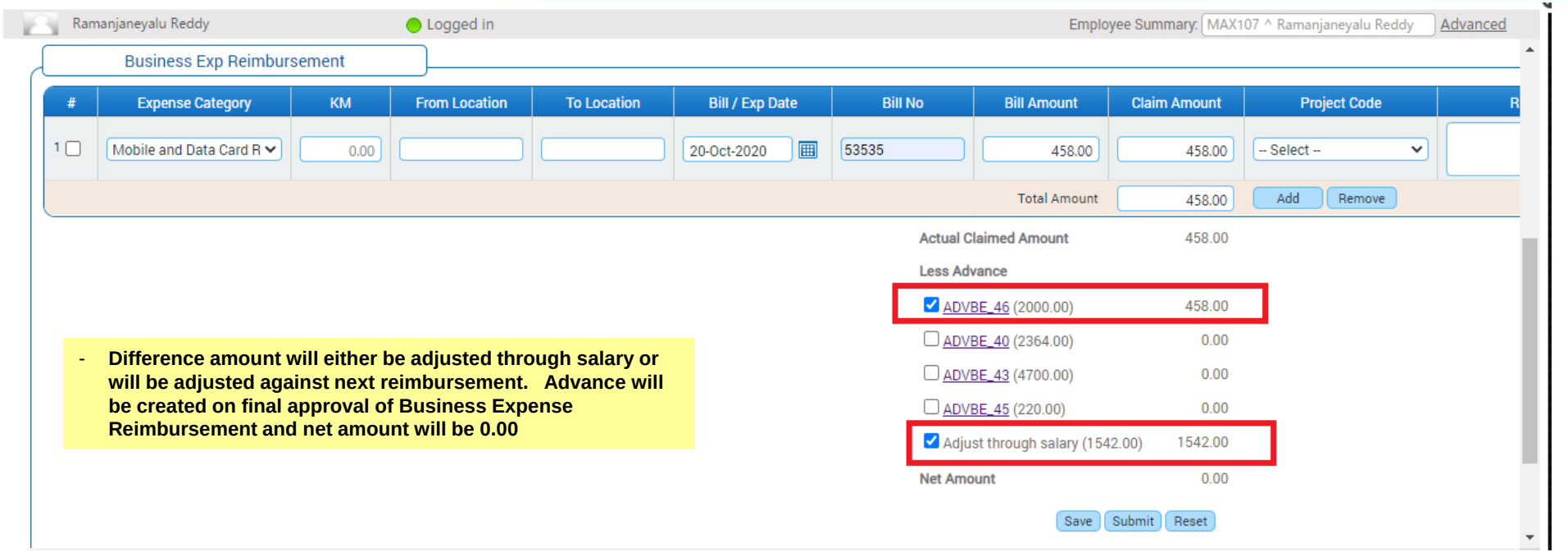
- **Eligibility of Mobile and Data Card Reimbursement is (INR) 500.00 and Amount of claim is more than 500.00 -**
- **Please note that if you are submitting your claim over and above the set eligibility the same will need an exceptional approval.**

Business Exp Reimbursement [Contd..]



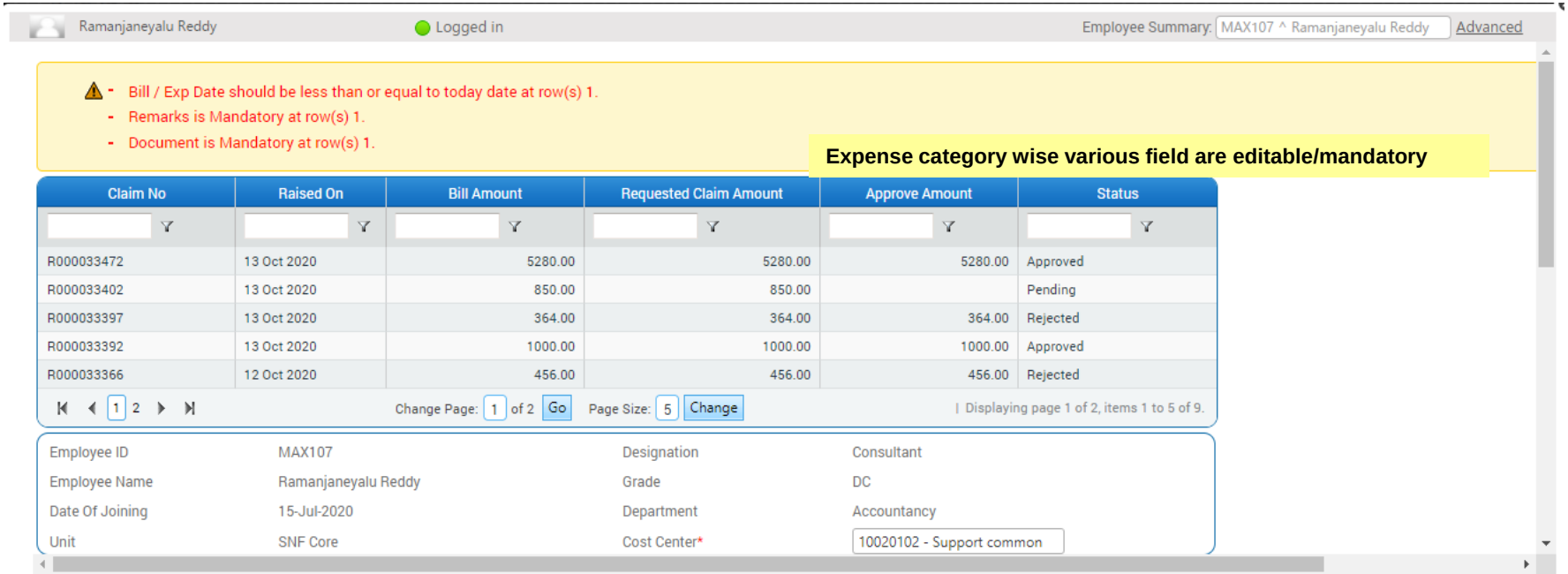
- **Employee requesting claim reimbursement has option to**
- **a. request claim reimbursement to the full extent of the claim amount or**
- **b. request claim reimbursement settlement against the advance/s selected or**
- **c. Difference in amount will either be adjusted through salary or will be adjusted 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..]

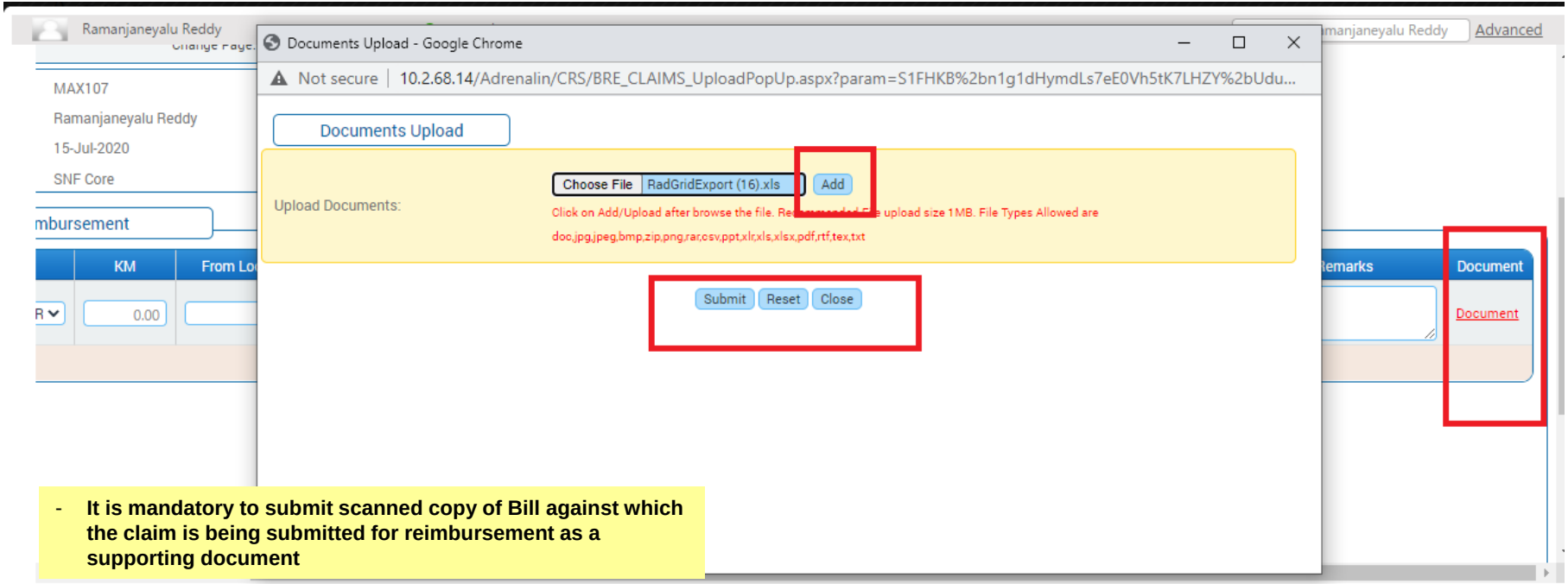


- **Difference amount will either be adjusted through salary or will be adjusted against next reimbursement. Advance will be created on final approval of Business Expense Reimbursement and net amount will be 0.00**

Business Exp Reimbursement [Contd..]

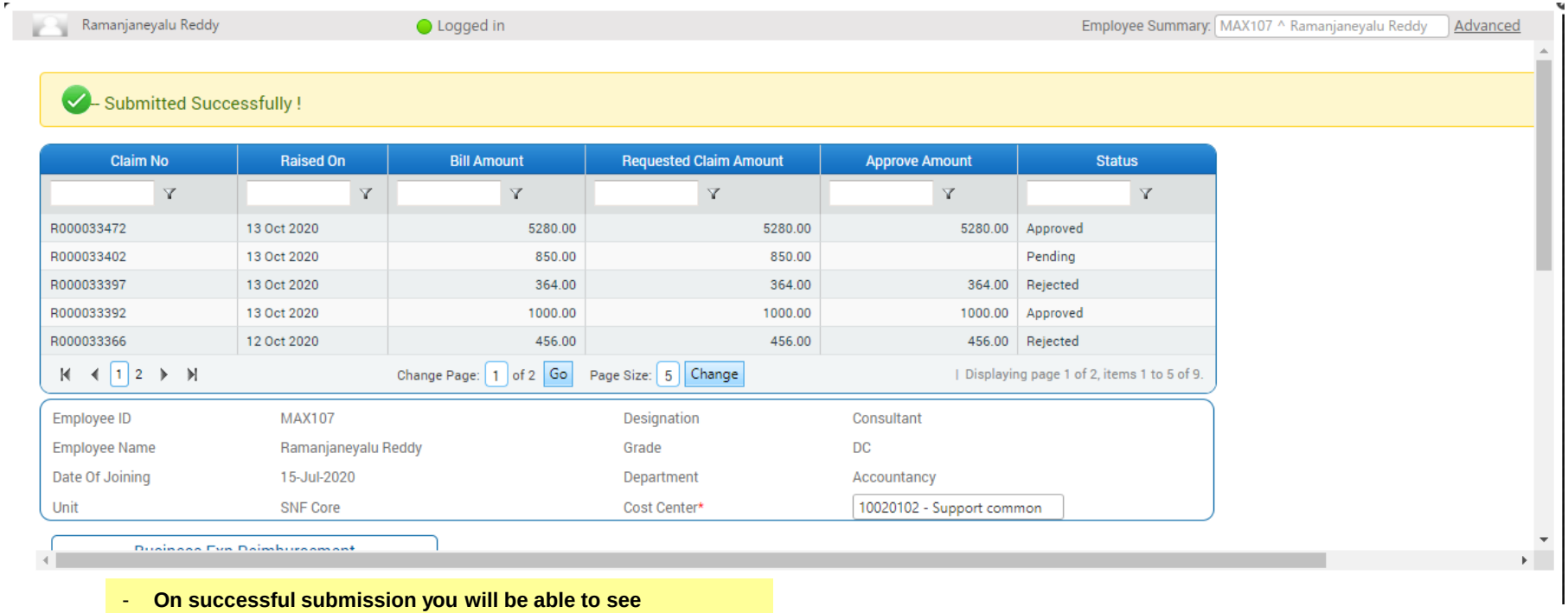


Business Exp Reimbursement [Contd..]



- **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..]

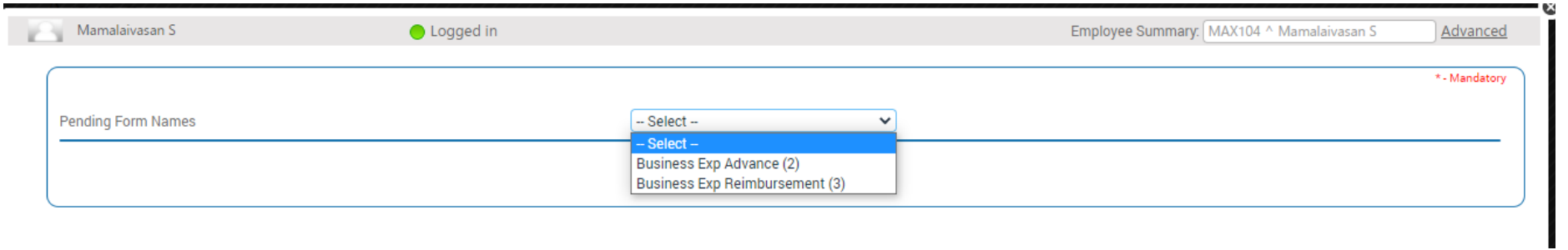


- **On successful submission you will be able to see "Submitted Successfully" displayed on the screen**

Forms pending for Approval Navigation

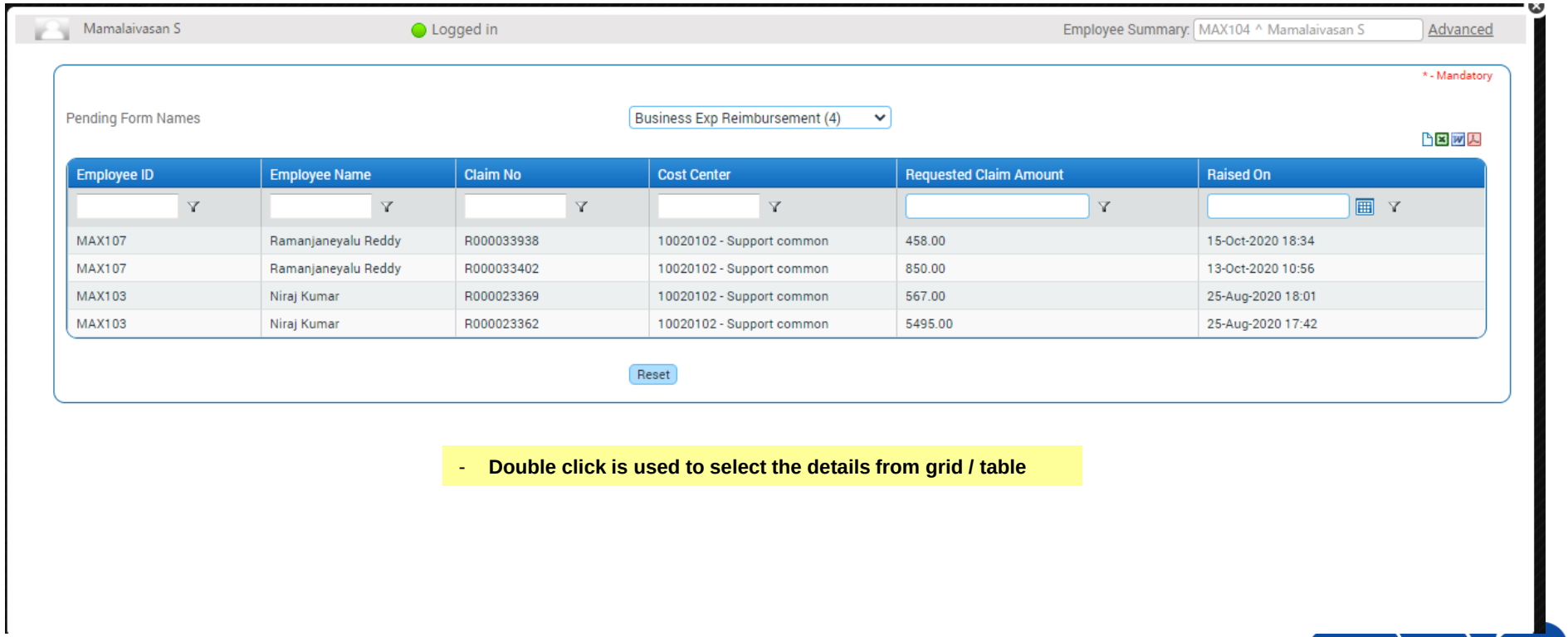
(a) Click on Forms pending for approval for Business Exp Reimbursement

Forms pending for Approval [Contd..]



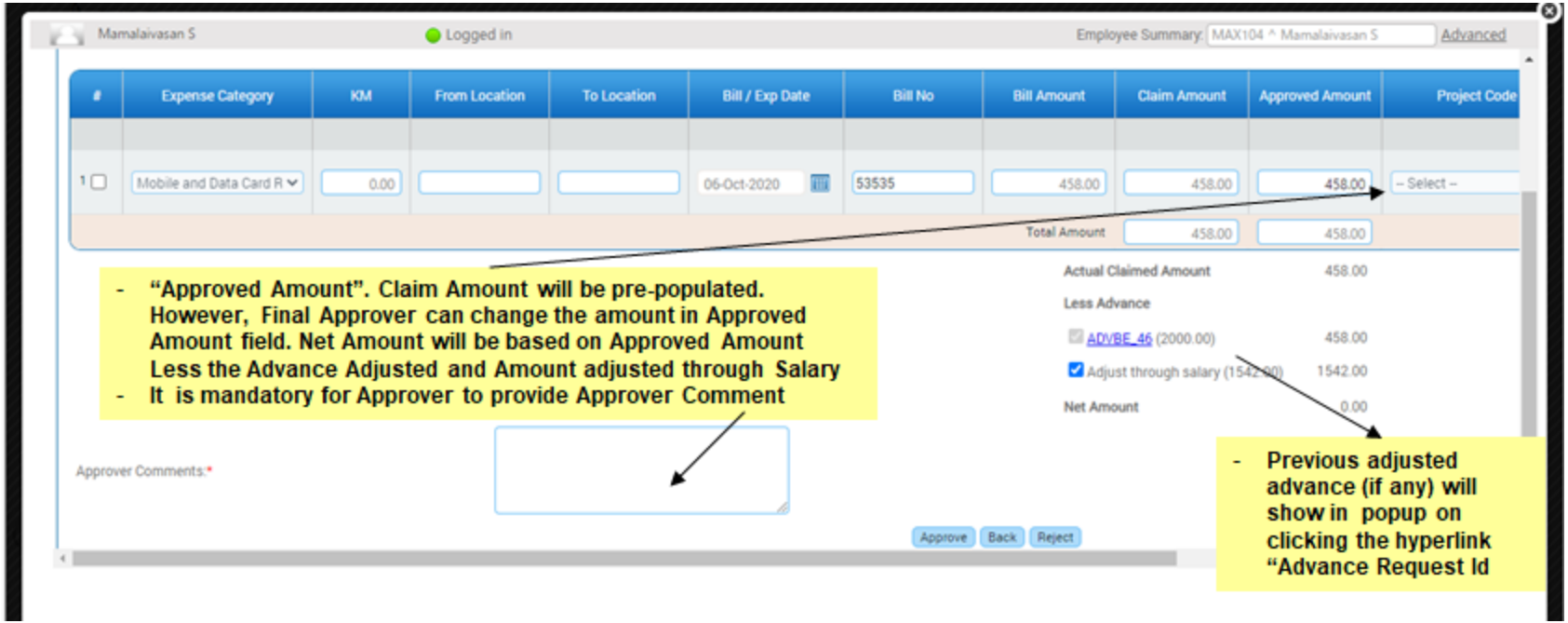
- **Select pending form name “Business Exp Reimbursement”**

Forms pending for Approval [Contd..]

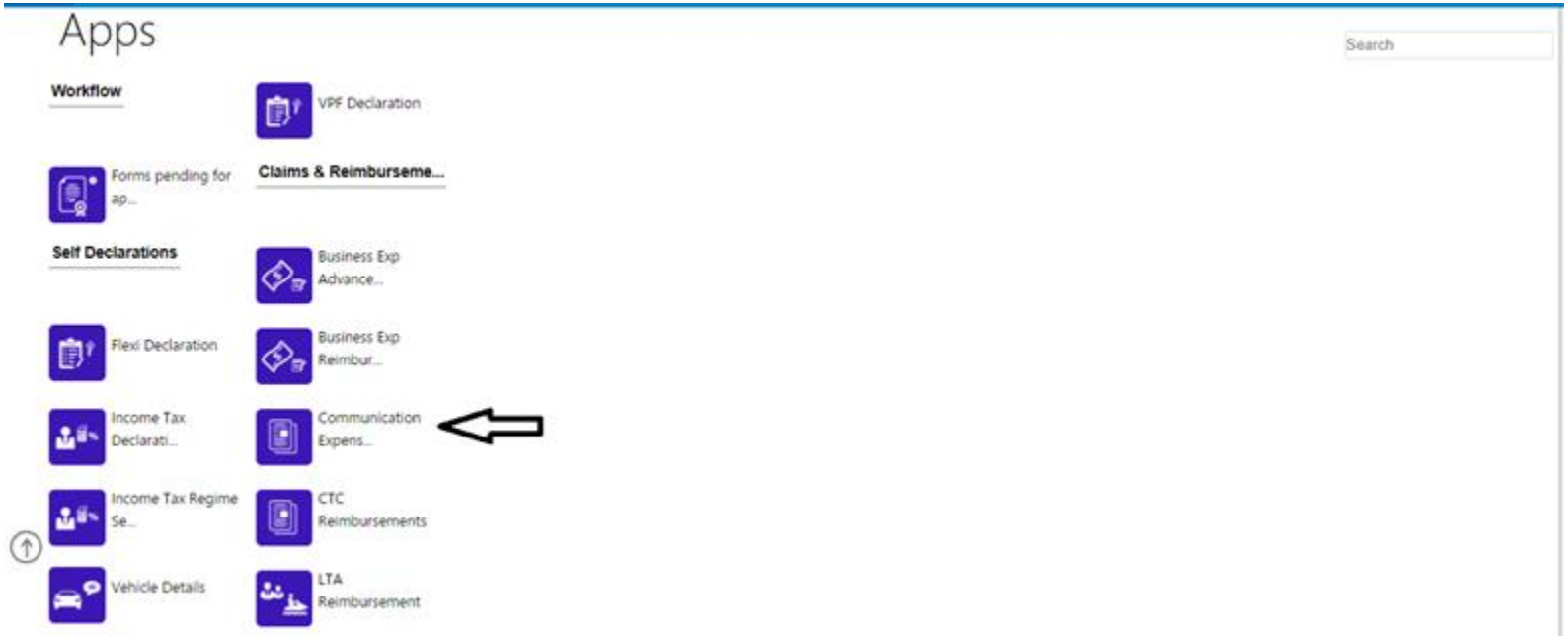


- **Double click is used to select the details from grid / table**

Forms pending for Approval [Contd..]



Communication Expense Navigation



(a) Click on Communication Expense

Communication Expense

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

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

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		Document
						Total Amount		400.00	400.00	500.00	Add Remove	

*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 Telecommunciation 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..]

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

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

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		Document
2	Communication Expenses	DataCard	34343243242334	01-Oct-2020	31-Oct-2020	01-Nov-2020	31243BR	0.00	0.00	0.00		Document
							Total Amount	400.00	400.00	500.00	Add Remove	

*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 Telecommunciation claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.
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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.

- **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

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

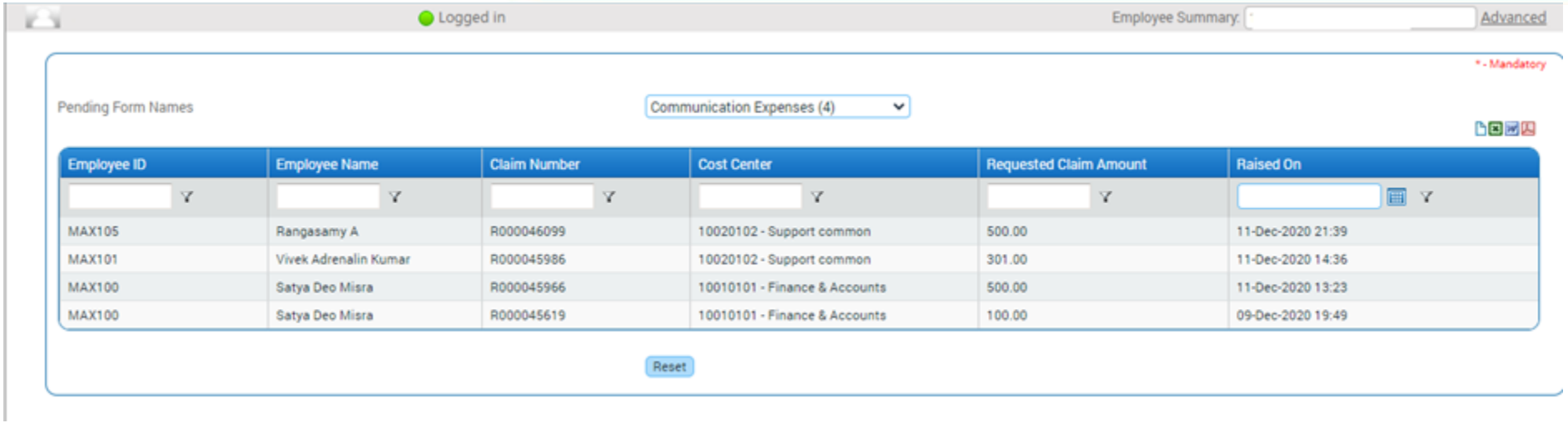
#	Expense Category	Comm. Exp. Type	Mobile /Broadband No	Billing Period From Date	Billing Period To Date	Bill Date	Bill No	Bill Amount	Claim Amount
1	Communication Expenses	Mobile	9899573018	01-Oct-2020	31-Oct-2020	01-Nov-2020	543543	500.00	500.0
							Total Amount	500.00	500.0

1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Telecommunciation 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

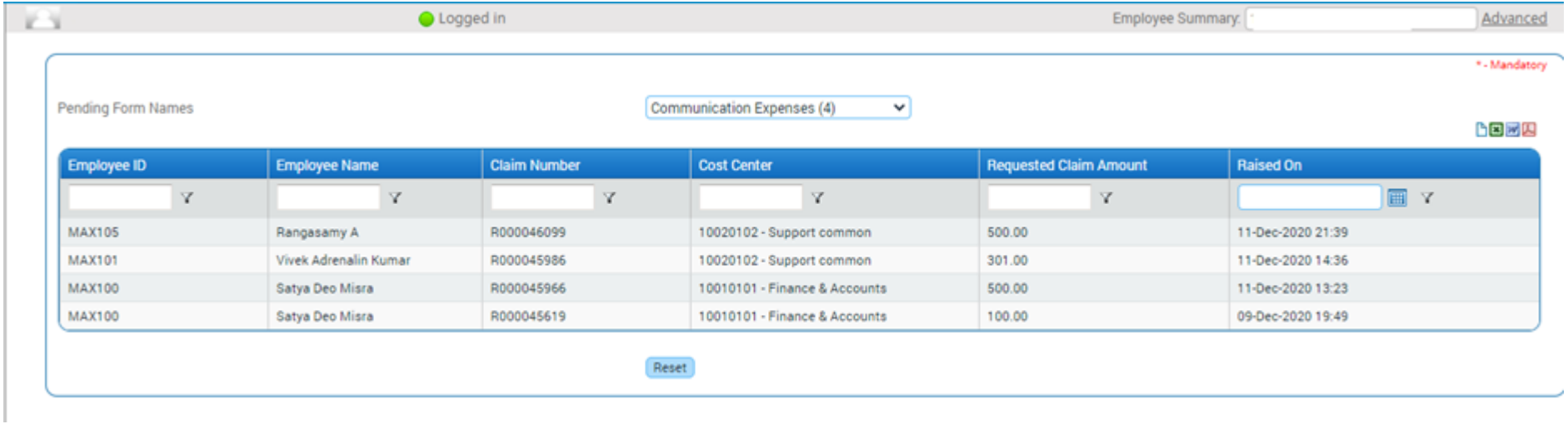
(a) Click on Forms pending for approval for Communication Expense

Forms pending for Approval [Contd..]



- **Select pending form name “Communication Expense”**

Forms pending for Approval [Contd..]



- **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 ☐	Communication Expenses	Mobile	9899573018	01-Oct-2020	15-Oct-2020	31-Oct-2020	B85066	700.00	700.00	700.00	500.00	Tes	Document	Previous Level Details
							Total Amount		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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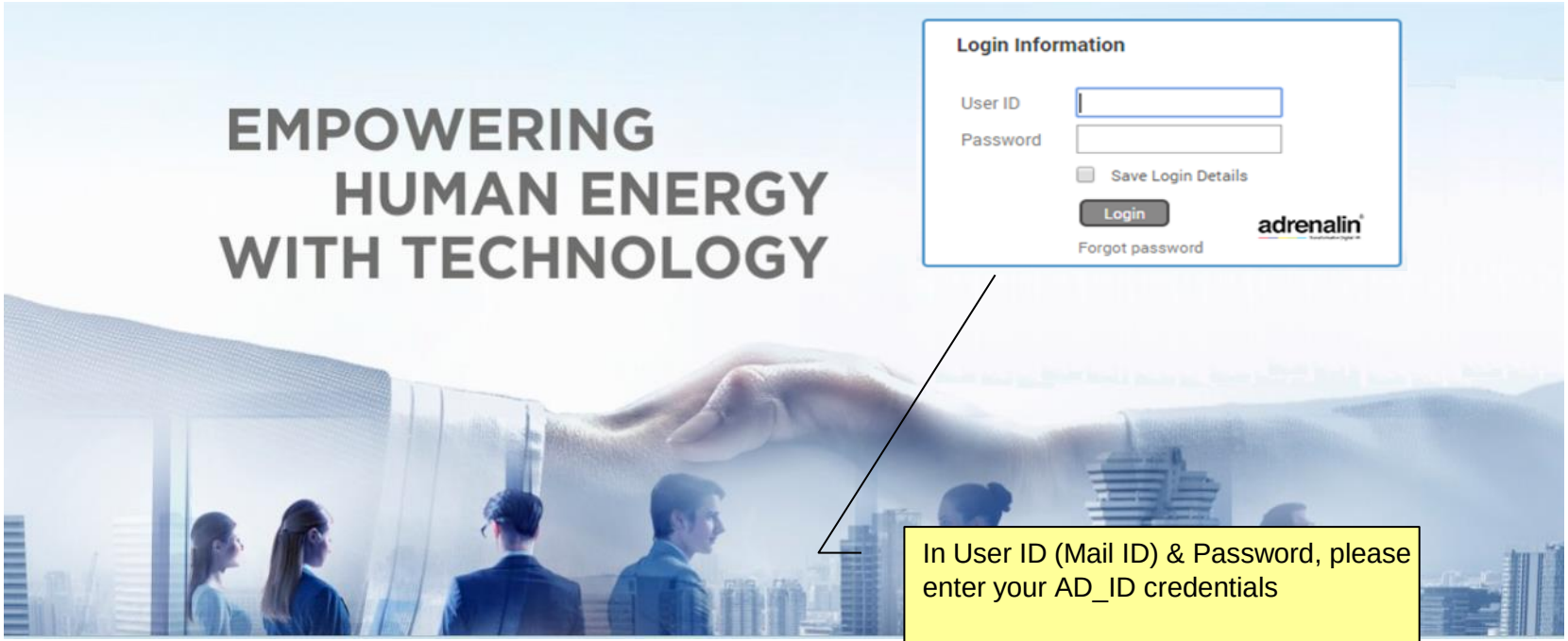
4. The credit towards the approved claims of first reimbursement cycle (1-15 day) will be processed by last working day of the month and credit towards the approved claims of the second reimbursement cycle (16 - 30/31 day) will be processed by 15th day of next month.

Thank You

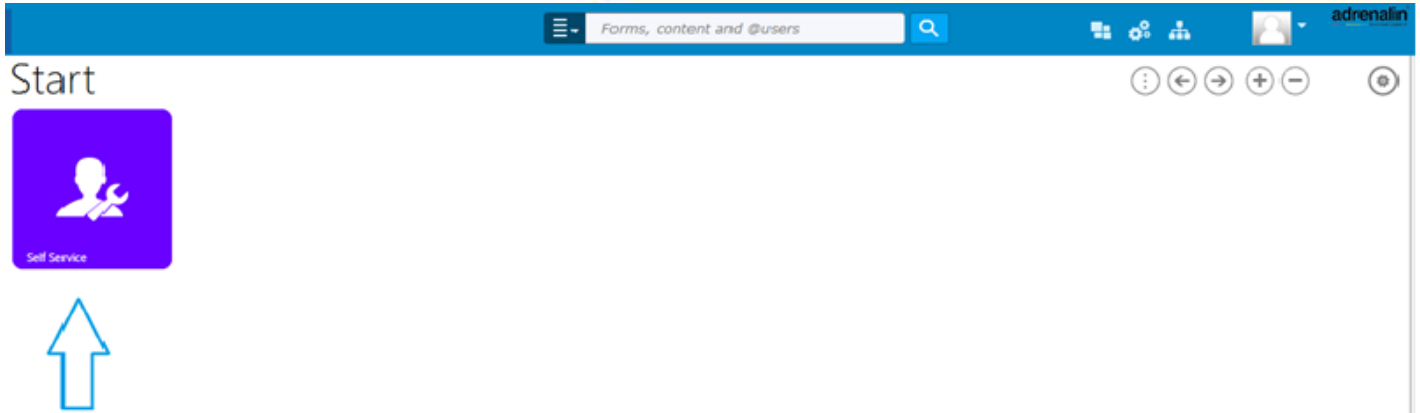
CTC Reimbursement Claims Process

ESS portal - Login page



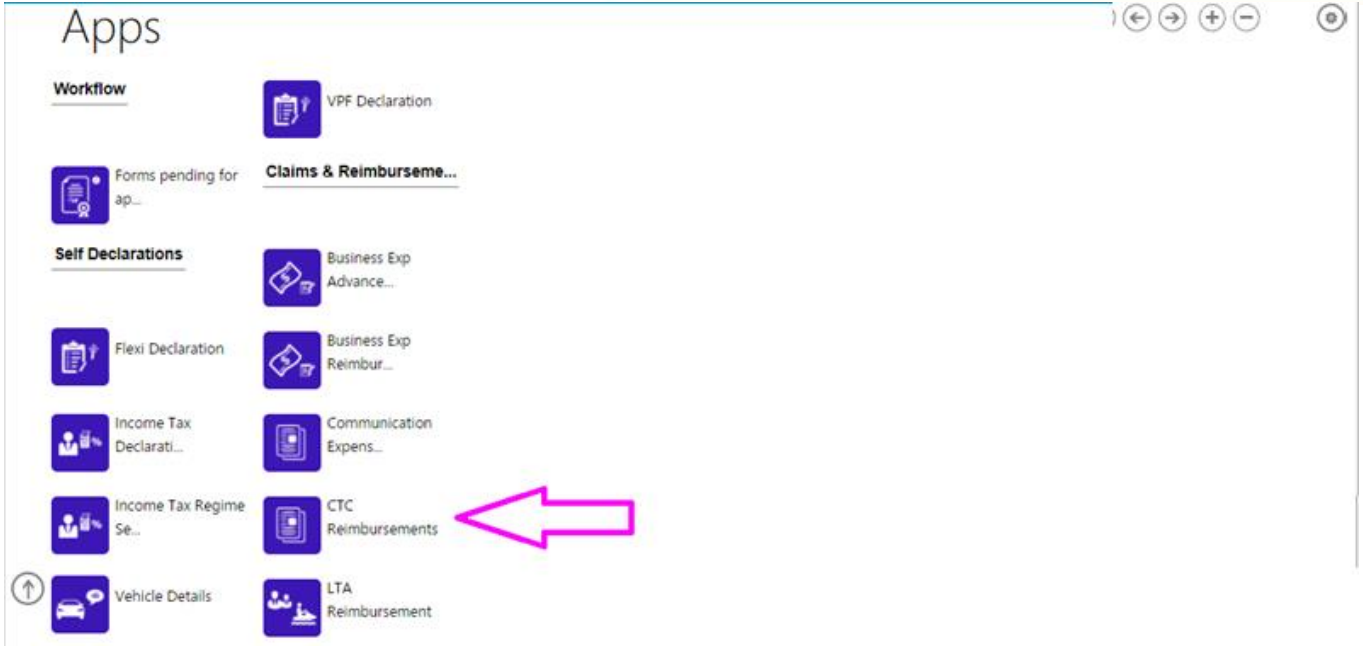
In User ID (Mail ID) & Password, please enter your AD_ID credentials

Landing page



Landing Page After Successful Login. Click on Self Service Tile

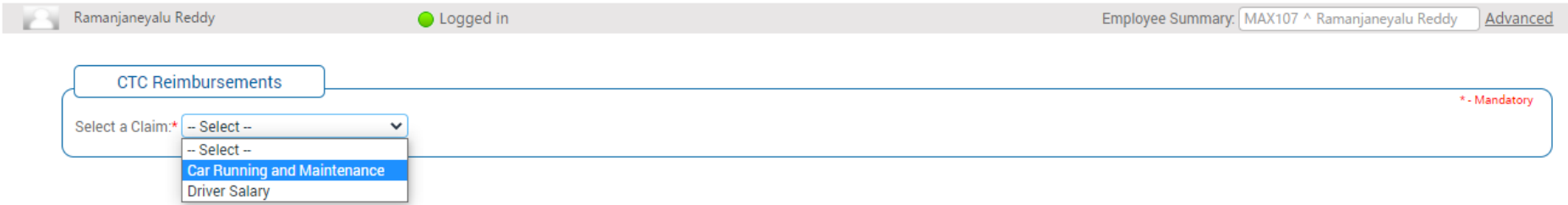
CTC Reimbursements - Navigation



(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



- **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
☐	BL123	06-Dec-2020	1,200.00	1,100.00	Claim Test1	Document Upload
☐	BL321	11-Dec-2020	5,000.00	654.00	Claim Test1	Document Upload
Total			**6,200.00**	**1,754.00**		

Add Remove

Comments: Claim Test December

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
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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
☐	BL123	06-Dec-2020	1,200.00	1,100.00	Claim Test1	Document Upload
☐	BL321	11-Dec-2020	5,000.00	654.00	Claim Test1	Document Upload
Total			**6,200.00**	**1,754.00**		

Add Remove

Comments: Claim Test December

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
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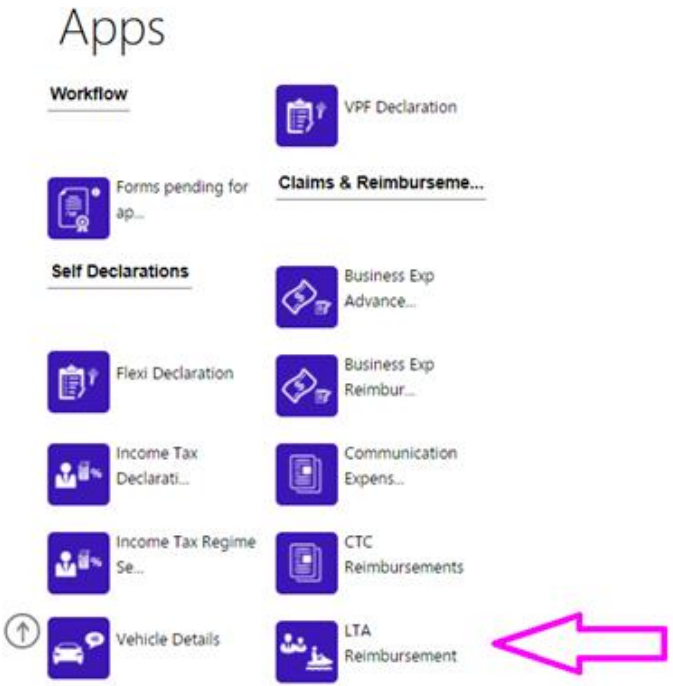
Reset Back Print

View Workflow Information and Approvers' comments

On successful submission a mail will be triggered to employees.

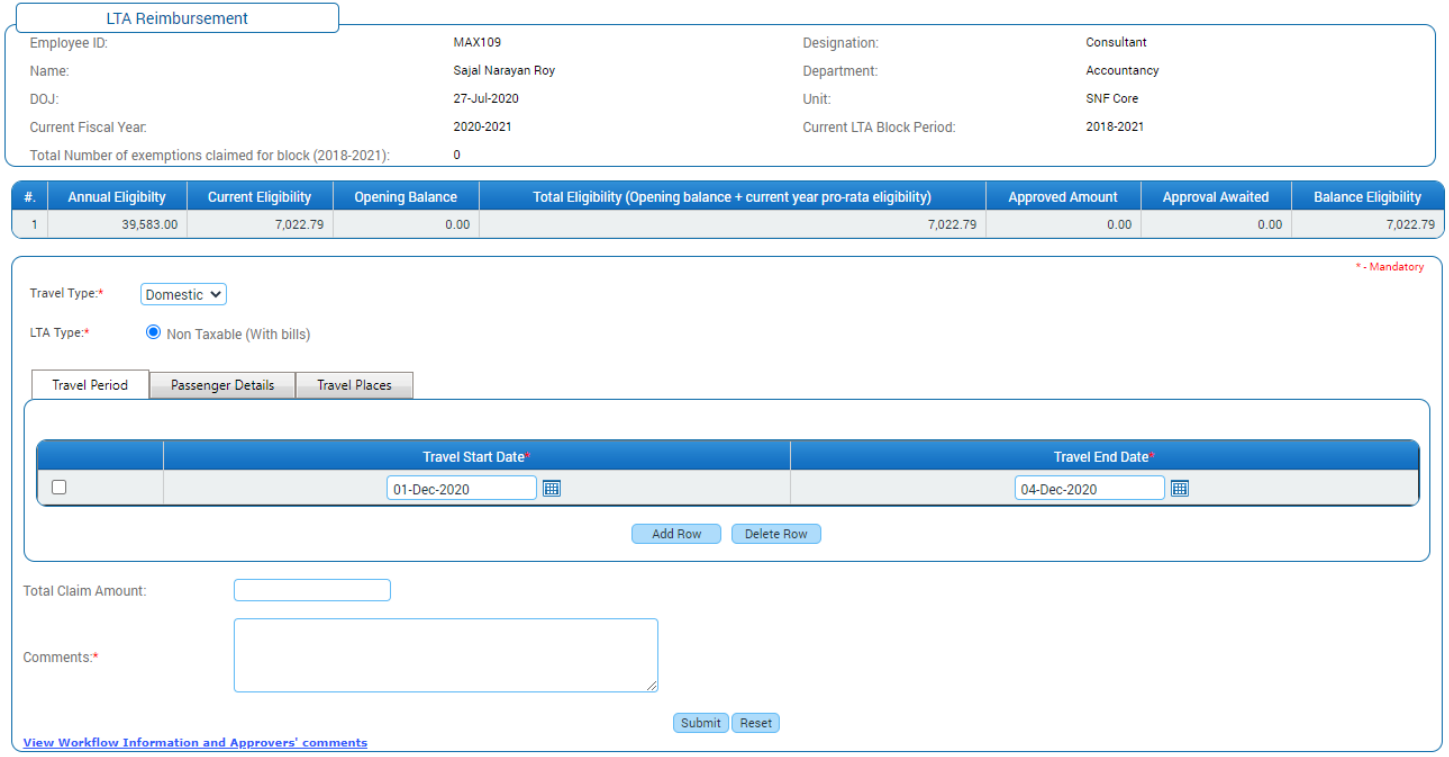
Post approval / rejection another mail will be triggered with status

LTA Reimbursement [Navigation]



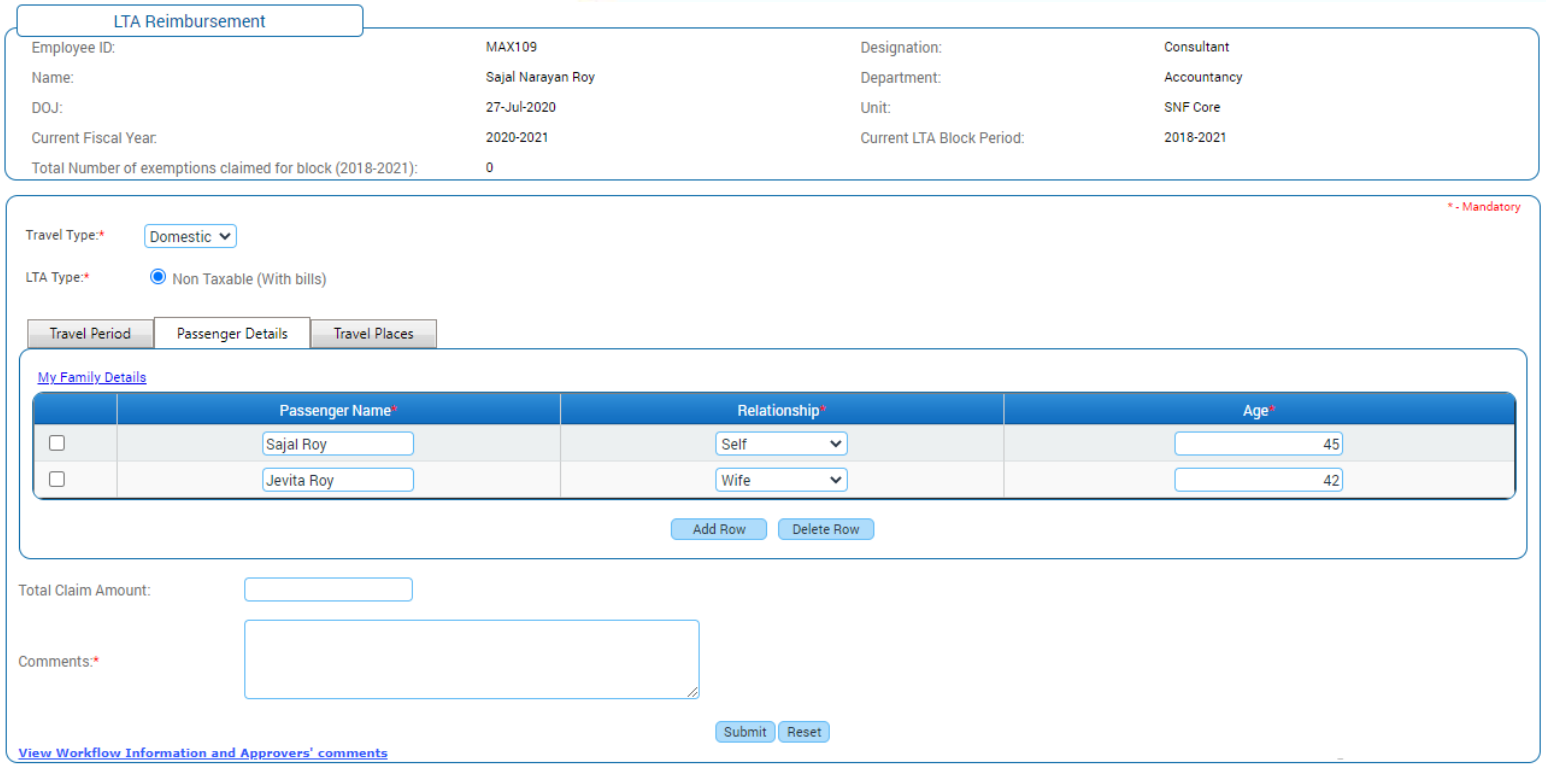
Click on LTA reimbursement for LTA claim under Flexi

LTA Reimbursement [Contd..]



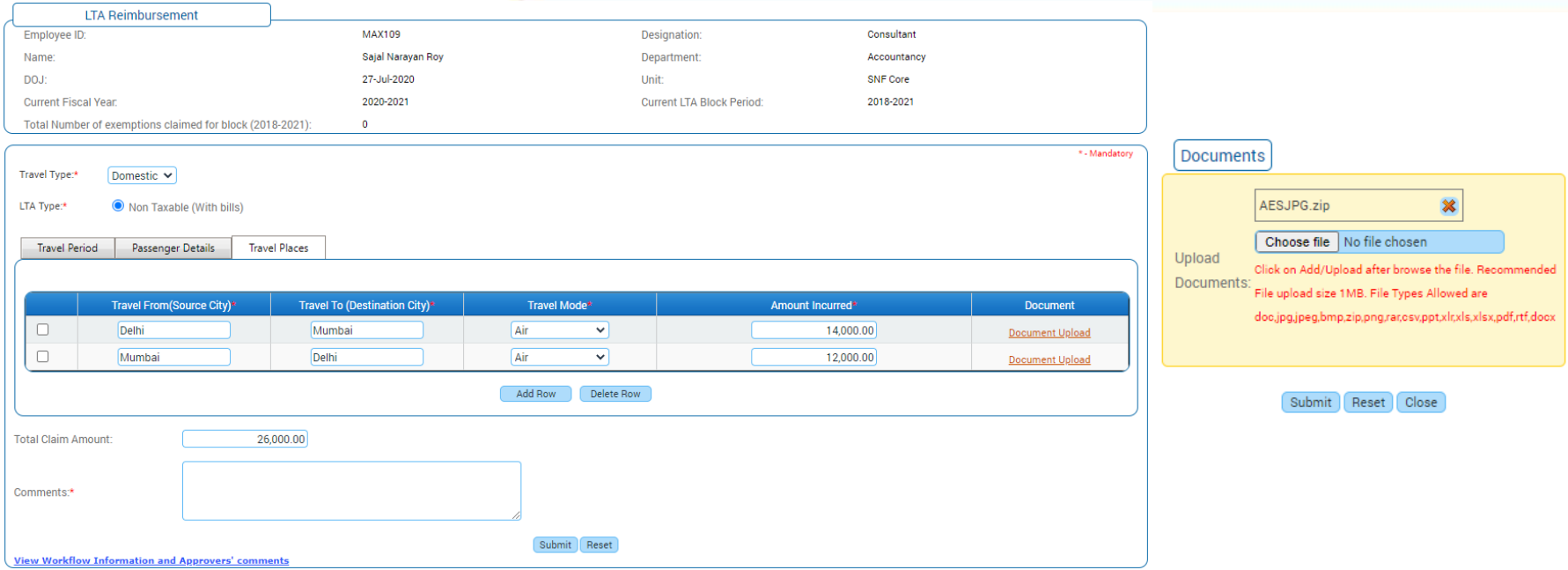
Enter Travel period

LTA Reimbursement [Contd..]



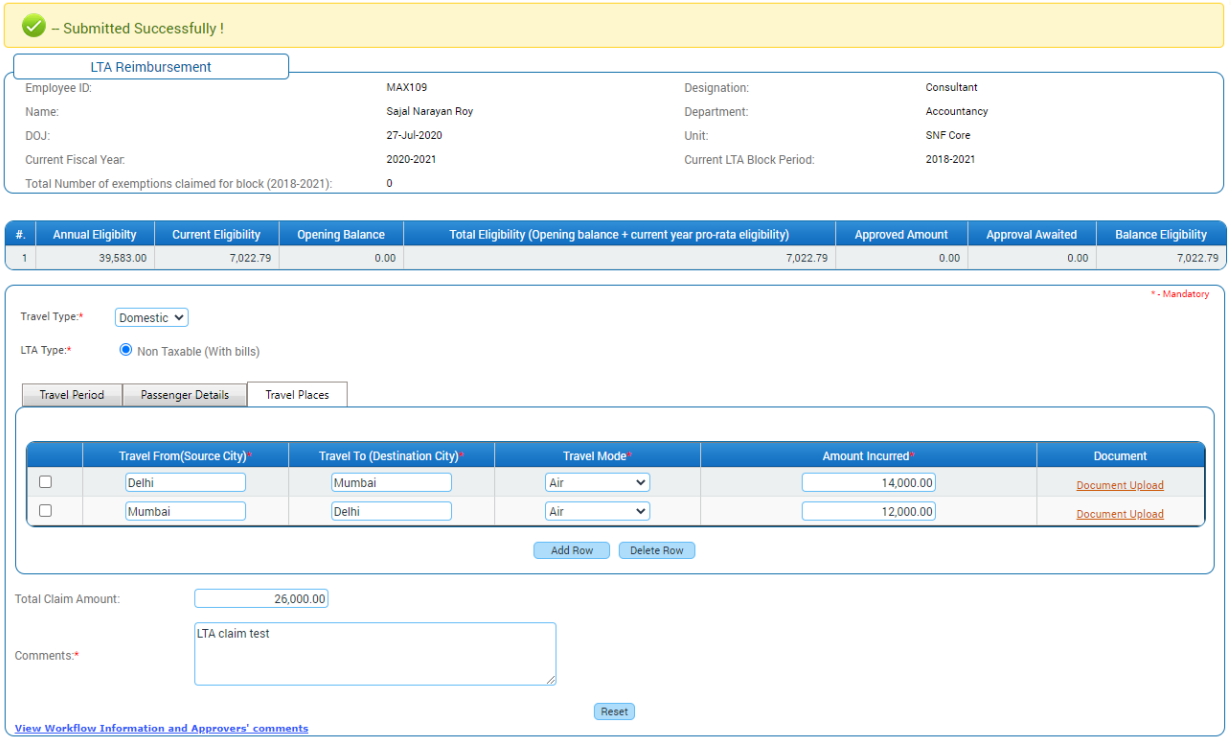
Enter Passenger Details

LTA Reimbursement [Contd..]



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

LTA Reimbursement [Contd..]



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 15th 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.

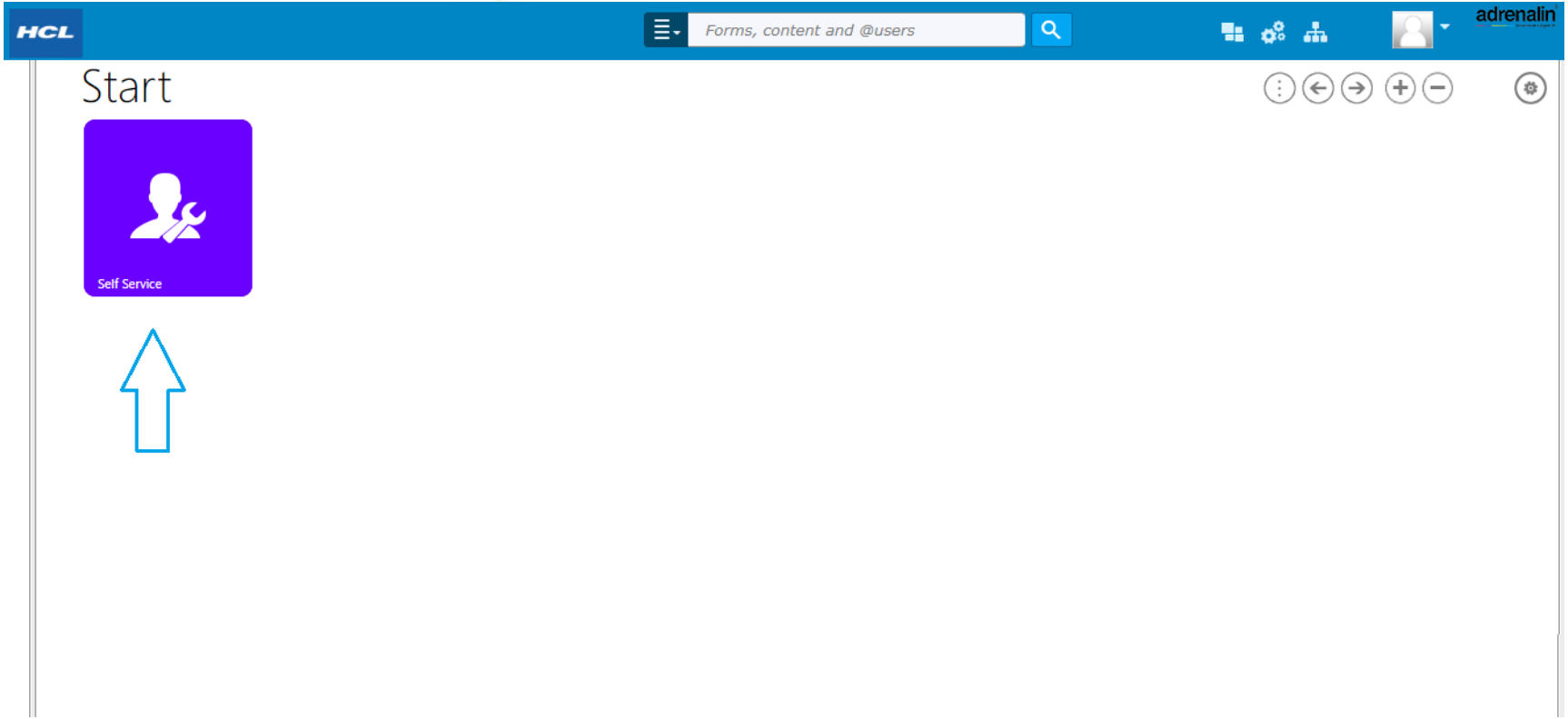
4) The credit towards the approved claim will be processed by last working day of the month.

Thank You

Communication Expense Process

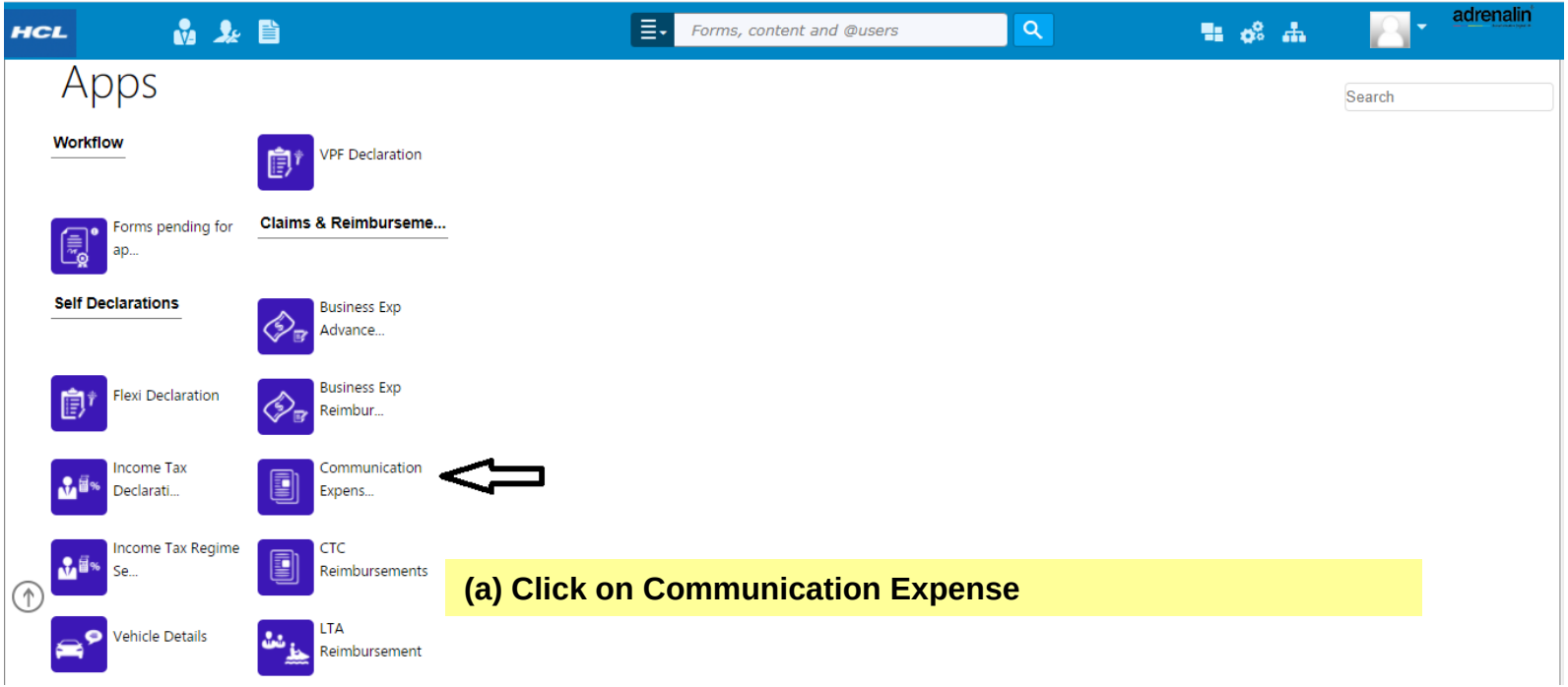
ESS portal - Login page

Landing page



Landing Page After Successful Login. Click on Self Service Tile

Communication Expense Navigation



(a) Click on Communication Expense

Communication Expense

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

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

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		Document
						Total Amount		400.00	400.00	500.00	Add Remove	

*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 Telecommunciation 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..]

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

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

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		Document
2	Communication Expenses	DataCard	34343243242334	01-Oct-2020	31-Oct-2020	01-Nov-2020	31243BR	0.00	0.00	0.00		Document
						Total Amount		400.00	400.00	500.00	Add Remove	

*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 Telecommunciation 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.

- 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

No records to display.

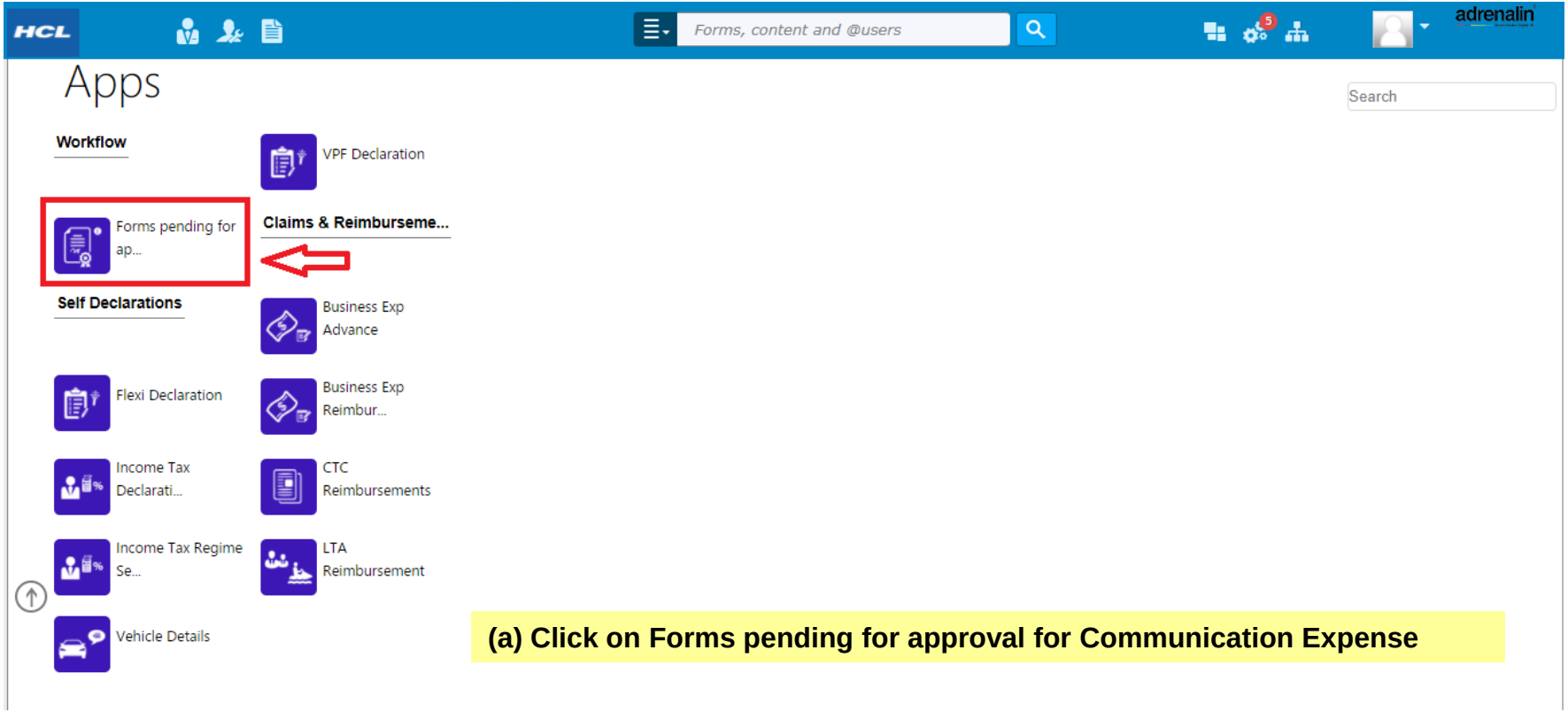
Employee ID	MAX105	Designation	Consultant
Employee Name	Rangasamy A	Grade	DC
Date Of Joining	30-Jun-2020	Department	Accountancy
Unit	SNF Core	Cost Center	10020102 - Support common

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	Communication Expenses	Mobile	9899573018	01-Oct-2020	31-Oct-2020	01-Nov-2020	543543	500.00	500.0
							Total Amount	500.00	500.0

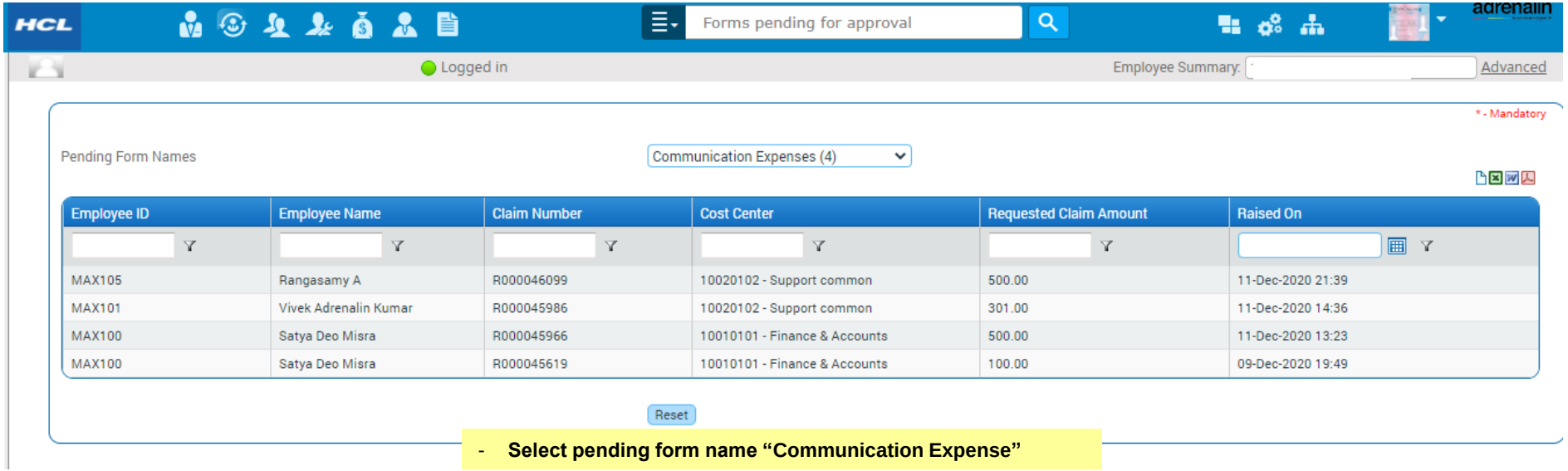
1. Please upload appropriate documentation to substantiate your request against each of the line item covering all the Telecommunciation claim/s being submitted on this page. Failure to comply with this may lead to rejection of the claim request.

Forms pending for Approval Navigation



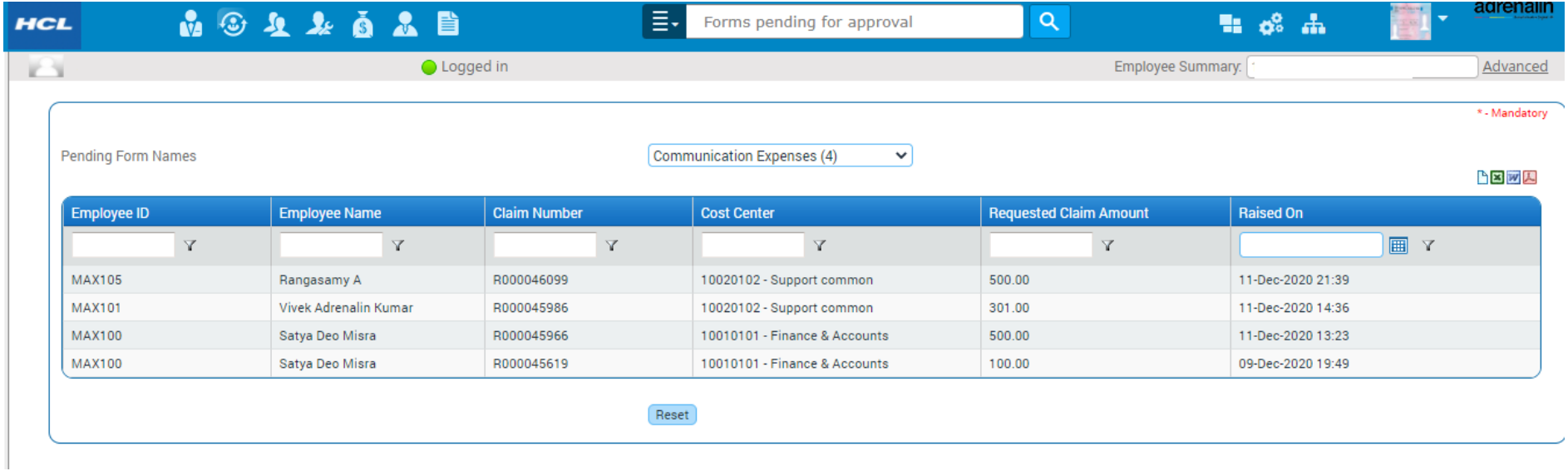
(a) Click on Forms pending for approval for Communication Expense

Forms pending for Approval [Contd..]



- **Select pending form name “Communication Expense”**

Forms pending for Approval [Contd..]



- **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 ☐	Communication Expenses	Mobile	9899573018	01-Oct-2020	15-Oct-2020	31-Oct-2020	B85066	700.00	700.00	700.00	500.00	Tes	Document	Previous Level Details
							Total Amount		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.

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