

No.GA/31/2024-GA Section
Government of India
Ministry of Skill Development & Entrepreneurship

Shram Shakti Bhawan, New Delhi
Dated: 21st May, 2024

OFFICE MEMORANDUM

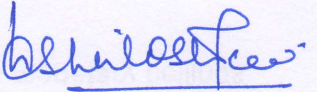
Subject: Revised ceilings for reimbursement of hospitality expenditure – reg.

In supersession of this Ministry's O.M. No.GA/81/2022-DS(HoD) dated 6th April, 2023 on the above-mentioned subject, the existing monetary ceiling of this Ministry has been reviewed and it has been decided with the approval of competent authority to authorize expenditure on official hospitality, as per the following monetary ceilings, w.e.f. 01.05.2024: -

Sl. No.	Category of Officers	Ceiling per month for reimbursement
1	Director/Deputy Secretary and Equivalent Officers	2500/-
2	Under Secretary and Equivalent Officers	1800/-
3	Section Officer and Equivalent Officers	1000/-

2. The eligible officers as indicated above may incur expenditure towards official hospitality and may claim for reimbursement by providing self-certification (proforma enclosed) on quarterly basis up to the financial ceiling or actual expenditure incurred, whichever is less. The admissible amount will be credited to the Salary Account of the respective officers.

3. This issues with the concurrence of JS & FA, IFD vide Note #17 dated 13.05.2024 and approval of Secretary, MSDE vide their Note #25 dated 15.05.2024 (eOffice No.66044).


21/5/24

(Ashutosh Misra)

Under Secretary to the Govt. of India

Tele: 011-23465877

To

All the officers concerned

Copy to: -

1. The Pay & Accounts Officer, Ministry of Skill Development & Entrepreneurship
2. Technical Director, NIC with a request to upload the aforesaid OM on MSDE's website.
3. E-Office Dashboard

Proforma mentioned in O.M. No.GA/31/2024-GA Section dated 21st May, 2024 for claiming reimbursement of official hospitality expenditure

1. Name of the Claimant :
2. Designation :
3. Basic Pay and Pay Level :

CERTIFICATE

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

<input type="checkbox"/>	April to June, 20____
<input type="checkbox"/>	July to September, 20____
<input type="checkbox"/>	October to December, 20____
<input type="checkbox"/>	January to March, 20____

√ tick applicable box

Date : _____ / _____ / _____
(dd/mm/yyyy)

Signature _____

Name _____

Designation _____