

No. GA/81/2022-DS(HoD)
Government of India
Ministry of Skill Development and Entrepreneurship

Shram Shakti Bhawan
New Delhi- 110001
Dated: 06th April, 2023

OFFICE MEMORANDUM

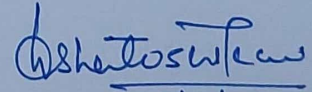
Subject: Revised Ceilings for reimbursement of hospitality expenditure- reg.

In supersession of this Ministry's O.M. No. A-11017/20/2015-SDE (Pt.) dated 26th May, 2015 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. 01.04.2023.

S. No.	Category of Officers	Ceiling per month for reimbursement
1.	Director/Deputy Secretary and Equivalent Officers	Rs. 1,500/-
2.	Under Secretary and Equivalent Officers	Rs. 1,000/-
3.	Section Officer and Equivalent Officers	Rs. 600/-

2. The eligible officers as indicated above may incur expenditure towards official hospitality and may submit their claim in a self-certificate (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 Diary Comp. No. 53556 dated 31.03.2023 and approval of Secretary, MSDE vide Diary Comp. No. 53566 dated 31.03.2023.


06/4/23

(Ashutosh Misra)
Under Secretary to the Govt. of India
Tel: 011-23465877

To,
All the Officers Concerned.

Copy to:

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

Proforma, mentioned in O.M. No. GA/81/2022-DS(HoD) dated 06th April, 2023
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: ____/____/20__

(dd/mm/yyyy)

Signature with office seal