

भारतीय प्रौद्योगिकी संस्थान गुवाहाटी Indian Institute of Technology Guwahati Guwahati - 781 039

GYMKHANA REIMBURSEMENT FORM

Budget Head:			BOARD:					
Details of the Student	authorized to receive	the amount	of Reimburs	ement:				
Name of the Student		Roll No	Dep	artment	Email II	D	Mobile No	
Details of Reimburser	nent							
Budget Head		Amount to be drawn (in Rupees)						
Ŭ	In figure	In figures		In words				
Total allocated budget:			Sanction Order No:					
Purpose/ Justification	of Reimbursement:							
Details of Expenditure) :							
SI. No.	Description of items			Vendor Name		Quantity	Amount	
						Total		
Certified that the items	s as above/as per list	enclosed we	ere required u	urgently ar	nd procured	I with prior per	mission.	
Verified and forwarded				Signature of Indentor Date:				
Secretary,	GS,			VP,		Chairr	man.	
Club: Board:			SGC				Board:	
Date:	Date:			Date:		Date:		
FOR HOE BY OTH	DENTAL AFFAIRS O	NII V						
	DENTS' AFFAIRS C							
 Reimbursement for the above purpose to Chargeable Budget Head(s) 								
Last advance yet to settle (amount and date)								
4. Approved Budg								
5. Balance after t								
6. Amount record7. Stock Entry De								
	cuments (SS/UC/DER/MR/	Other)						
9 Remarks (if an		- /	†					

Put up for kind consideration please.

Instructions:

- 1. Enclose a copy of the Permission cum Sanction Sheet
- 2. Enclose the original Detailed Event Report
- 3. Enclose a Budget Utilization Certificate in the Prescribed format
- 4. Enclose the original cash memo/ retail invoice/ money receipt initialed by the Indentor.
- 5. Stock entry details on the reverse side of the cash memo/ retail invoice/money receipt of the Consumables/ Equipment purchased from this advance. Indentor and HOS's signature on Stock Entry.
- 6. The purchase process as placed on the webpage of S&P section(Intranet)may be followed
- 7. Make sure that all purchase are made after approval.