



Reimbursement of Expenditure

Name of the Faculty/Staff: _____.

Department : _____.

Net Claimed : _____.

Details of expenditure

S.No.	Date	Cash Memo No.	Name of the Firm	Purpose	Amount (Rs.)
Total Amount of Settlement					
(Rupees _____ only)					

I certify that:

(a) The expenditure details are entered in the Stock Register.

Signature

Expenditure approved and sanction accorded for reimbursement of an amount of Rs. _____

Dealing Assistant

Deputy Registrar

Registrar

Bank Name & Branch :
Bank Account Number :
IFSC Code :