

Indian Institute of Technology Hyderabad Kandi -502285 , Telangana, India, Phone: 7060

Reimbursement of Expenditure

Name	of the Fa	culty/Staff:	·		
Depart	ment	:	·		
Net Cla	aimed	:			
Detail	s of exp	enditure			
S.No.	Date	Cash Memo No.	Name of the Firm	Purpose	Amount (Rs.)
Total Amount of Settlement					
(Rupees					only)
I certify	that:	nenditure deta	nils are entered in the Stock Reg	nister	
	(a)THE CA	eperialitate acti	ms are entered in the Stock Reg	Jister.	Signature
Expend	iture appr	oved and sanc	tion accorded for reimburseme	nt of an amount of Rs	
Dealing Assistant Deputy Registrar					Registrar
Bank Name & Branch : Bank Account Number : IFSC Code :					