

REIMBURSEMENT OF EXPENDITURE

Name of the Fa	aculty/Staff:			
Department	:			
Net Claimed	:			
Details of Exp	enditure			
		1	1	
Date	Cash memo No.	Name of the firm	Purpose	Amount(Rs.)
			·	, ,
		Total A	Amount of settlement	
		(Rupees		
		Only.)		
I certify that the	e expenditure details are	entered in the Stock Re	gister.	
				Signature
				Signature
Expenditure ap	proved and sanction acc	orded for reimbursemer	nt of an amount of Rs.	
Dealing Assistant Deputy		Registrar	Registrar	
Bank name an				
Bank Account	Number :			
IFSC Code	:			