

BITS, PILANI- K. K. BIRLA GOA CAMPUS

FORM FOR CLAIMING REIMBURSEMENT OF CONTINGENCY GRANT

YEAR: _____

Date: _____

1. Name of Faculty Member _____

2. Designation _____

3. PSRN _____

4. Entitlement limit of contingency

Rs.25000/- ☐

Rs. 15000/- ☐

S.No.	Item	Paid to (Cash Memo/Date)	Amount (Rs.)		
			Contingency	Phone(*)	Insurance

(*) Telephone Bill to be claimed in continuous chronological order

Total : Rs._____

Amount in words Rs. _____

Forwarded

Head of Department/ Faculty In-charge

(Signature of the claimant)

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(For office use)

The claim verified and found to be in order for Rs. _____ (rupees _____
_____ only)

Amt. already claimed Rs. _____ Balance after deducting present claim _____

Finance Officer