**Reimbursement Form**

**Date: 13/06/23**

Name: Abhinav C Department/Section: Electrical

Budget Type: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Budget Head: SERB-SRG

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No** | **Bill No** | **Bill Date** | **Description of Items** | **Amount** |
| 1 | 1-7750076719 | 18/01/23 | IEEE Student Membership | 1202 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total Amount** | | | | 1202 |
| **Amount in words : One thousand two hundred and two rupees only** | | | |  |

(Signature of recipient)

Approved by:

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ **For Official Use Only**

|  |
| --- |
| **Pass Order** |
| Bills Passed for Rs.  Pay: Rs.  Pay to:  Expenses Debited to : |

Accounts Assistant (Bills) Jr. Superintendent (Admin/A/C)

Assistant Registrar OSD(AFC)