

Request Form

Product Sampling - Reimbursement

Kindly reimburse me the following amount, as per table given below, which are duly supported by the attached Original Cash Memos/Invoices, evidencing purchase :

Month : FEBRUARY

Year : 2019

Document No. :

Claim Code : 2018/27054/1

Invoice No.	Date	Store Type	Category	Sub Category	Brand	Amount (Rs.)
L27B119901003894	24/02/2019		PCPB	OTHERS - PCPB	ESSENZA DI WILLS	950.00
		Total :				950.00
413802008-002532	25/02/2019		FOODS	BISCUITS	SUNFEAST	159.00
				CHIPS	BINGO	10.00
			PCPB	SOAP	FIAMA DI WILLS	130.00
		Total :				299.00
Total :						1,249.00

I hereby declare that the goods / services covered under the claim have been availed and not returned / cancelled or exchanged with any non-ITC products.

Payment Mode : ☐

Signature :

Place :

Name : MANSI NIKAM

Department : PLM

Employee No. : 27054

Business Area :

Level : IS1

Date : 25/02/2019