# राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
# NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. Date:

## REIMBURSEMENT FORM

Kindly reimburse the amount of ₹_____(in words)_____ _____in favour of _____ against Competent Authority approval dated _____ (copy attached). The details of expenditure are as under:

| S.No. | Particulars | Bill No. | Date | Amount (₹) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **Total (in Words)** | | | | |

(Signature of the Claimant)

**Signature of HoD/Section Head/Coordinator**

**(FOR OFFICE USE ONLY)**

Passed the expenditure to the sum of ₹_____

Budget Head _____

**Dealing Assistant (A/c)** **Superintendent (A/c)** **Assistant Registrar (A/c)**

**HoD/Associate Dean** **Dean/Registrar**

**Approved / Not Approved**

**Director**