## राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड

Designation:	Ret. No	0	Date:
Name:	REQU	EST FOR REIMBURSEMENT OF BI	BRIEFCASE OFFICE BAG LADIES PURS
Designation:		(Ref.: Finance Committee resolution vide a	agenda item no.FC 18.06 dated 22/06/2019)
Designation:	Name:		Emp. Code:
Dept,/Section:			
1.       Director/Dy. Director       ₹8,000/-         2.       Registrar/Professor       ₹6,500/-         3.       Associate Professor / Assistant Professor (Gr-II) /Joint Registrar / Deputy Registrar       ₹5,000/-         4.       All Group-A Officer (Pay Matrix Level-10 and 11)       ₹4,000/-         5.       All Group-B employees       ₹3,500/-         The last claimed date:			
2.       Registrar/Professor       ₹6,500/-         3.       Associate Professor / Assistant Professor (Gr.I) / Joint Registrar / Deputy Registrar       ₹5,000/-         4.       All Group-A Officer (Pay Matrix Level-10 and 11)       ₹4,000/-         5.       All Group-B employees       ₹3,500/-         The last claimed date:	S.No.	Level of Officer/Offic	icial Upper Cost ceiling
3.       Associate Professor / Assistant Professor (Gr-I) / Joint Registrar / Deputy Registrar       ₹5,000/-         4.       All Group-A Officer (Pay Matrix Level-10 and 11)       ₹4,000/-         5.       All Group-B employees       ₹3,500/-         The last claimed date:	-	Director/Dy. Director	₹8,000/-
4.       All Group-A Officer (Pay Matrix Level-10 and 11)       ₹4,000/-         5.       All Group-B employees       ₹3,500/-         The last claimed date: The last claimed amount:         The last claimed date: may please be approved. I further declare that:       ii)         i) The Briefcase, Office Bag and Ladies Purse in respect of which reimbursement is is/are purchased by me.       iii)         iii) The amount for which reimbursement is being claimed has actually been paid by has not/will not be claimed by any other source.       iiii)         iii) The Briefcase, Office Bag and Ladies Purse has been purchased for the official use       iiii)         iii) The Briefcase, Office Bag and Ladies Purse has been purchased for the official use       iiii)         iiii) The Briefcase, Office Bag and Ladies Purse has been purchased for the official use       iiii)         iiii) The Briefcase, Office Bag and Ladies Purse has been purchased for the official use       iiiii)         iiii) The Briefcase, Office Bag and Ladies Purse has been purchased for the official use       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		Registrar/Protessor Associate Professor / Assistant Professor (Gr-I) / Join	the Registrar / Deputy Registrar ₹5,000/-
5.       All Group-B employees       ₹3,500/-         The last claimed date:			74.000/
The total amount of ₹ may please be approved. I further declare that: i) The Briefcase, Office Bag and Ladies Purse in respect of which reimbursement is is/are purchased by me. ii) The amount for which reimbursement is being claimed has actually been paid by has not/will not be claimed by any other source. iii) The Briefcase, Office Bag and Ladies Purse has been purchased for the official use I hereby attached the valid bill in original for reimbursement. Forwarded to Establishment <b>Example 1</b> <b>Example 1</b> <b>Example 2</b> <b>Example 2</b> <b>Example 2</b> <b>Example 3</b> <b>Example 3</b> <b>Example 4</b> <b>Example 4</b> <b>Example 4</b> <b>Example 5</b> <b>Example 6</b> <b>Example 6</b> <b>Example 6</b> <b>Example 6</b> <b>Example 6</b> <b>Example 6</b> <b>Example 6</b> <b>Example 6</b> <b>Example 6</b> <b>Example 7</b> <b>Example 6</b> <b>Example 7</b> <b>Example 7</b>	5.	All Group-B employees	₹3,500/-
FOR OFFICE USE ONLY         1.       Last claim date       :			reimbursement.
FOR OFFICE USE ONLY         1. Last claim date       :         2. Last claim amount       :         3. Present claimed amount       :	Counte	er Signature of the HoD/Coordinator	
<ol> <li>Last claim date :</li> <li>Last claim amount :</li> <li>Present claimed amount :</li> </ol>			
<ol> <li>Last claim amount</li> <li>Present claimed amount</li> <li>:</li> </ol>	1. 1		
3. Present claimed amount :			
	2. L		CHRI- CERT
4. Claim admissible		recent elermed emount	
	3. F		
nior Assistant (Estt.) Superintendent (Estt.) Asstt./Dy. Regist			·

NOTE: Account Section shall forward photocopy of this form to Establishment Section for keeping the record in the respective file.

Superintendent (A/cs.)

Asstt./Dy. Registrar (A/cs.)

Jr. Assistant (A/cs.)