

REIMBURSEMENT FORM (TEQIP-III)

Date:

Kindly reimburse the amount of Rs..... in the name ofAgainst authority approval on dated details of expenditure are us under:-

Sr.No.	Bill Detail	Bill No.	Amount in (Rs.)

Kindly approve the expenditure to the sum of Rs.

The expenditure is chargeable to

Signature of Claimant with date

Verified & Forwarded
(HOD/Section Head)

Signature of Nodal Officer (Academic)
(FOR OFFICE USE ONLY)

Checked and found in order Pay Rs. _____

Finance Executive

Nodal Officer (Finance)

Coordinator

Director