



## REIMBURSEMENT OF EXPENSES

1. Name of Employee:
2. Designation:
3. Department:
4. Purpose of Expenses:
5. Approval Competent Authority (from whom):

Sl. No.	Place	Particulars	Amount (Rs.)	Bill Attached Y / N	Remarks
1					
		<b>TOTAL</b>			

(Rupees ..... ONLY)

Date:

(Signature)

Forwarded / Recommended by Head of Dept.:

[FOR OFFICE USE ONLY]

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