

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR (C.G)

APPLICATION FOR CLAIM OF REIMBURSEMENT FOR PURCHASE OF BRIEFCASE/OFFICIAL BAG/LADIES PURSE ETC.

PART-A : TO BE FILLED BY CLAIMANT

S.NO	PARTICULARS	DETAILS
1	Name of the Claimant	
2	Designation	
3	Employee No.	
4	Mobile No.	
5	Basic Pay (as per 7 th CPC)	
6	Description of Items of Purchase	
7	Eligible Amount of Claim	
8	Date of Previous Purchase/Reimbursement	
9	Whether Bill/Cash Receipt Encl.	
10	Name of Bank	
11	Bank A/C No.	
12	IFSC Code	

I, Hereby Certify that the Amount has been paid by me for Purchase of Briefcase/Official Bag/Ladies Purse etc.

Signature of the Claimant

Date.....

PART B: FOR OFFICE USE ONLY

Entry.....

13	Amount Admissible to the Claimant	
14	Amount Claimed for	
15	Amount Passed for Reimbursement	

J.A.O

A.A.O

D.D.O