

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.		D.O.J:-
4	Mobile No.		
5	Basic Pay (as per 7 th CPC)		PAY LEVEL :-
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

