

EXPENSE REIMBURSEMENT FORM

FORM NO.: NITS/FORMS/ACCTS/REIMBURSEMENT/13-14/010 NATIONAL INSTITUTE OF TECHNOLOGY, SILCHAR Deptt./Branch

	Reimbursemen	nt for –		
2.3.	all the items purchase in good condition all the items of the bil and	d/works executed hav	burpose for which it was sa e been received/verified at have been entered in the been checked and found c	nd found to be Stock Register
1. Particulars o		Note-sheet page	dated _	
3. Date of subm	mission of bills		ment Rs	
5. Items entere	d in the Stock Register I	No	and page No	
Enclosed	Nos. of bills		Signature of the Emple *Name *Designation	<u> </u>
Date:	_		Signature of HOD *Name *Designation	
For Accounts	Branch Use only			
An amount of may be reimbu	Rs (Ru	pees)
Dealing Assista	ant Deputy R	degistrar (A/Cs)	Registrar	Director

CHEQUE NO._____ DATED _____.

FORM NO.: NITS/FORMS/ACCTS/Reimbursement/13-14/010 EXPENSE REIMBURSEMENT DETAILS

Particulars of the Bills/Memos duly certified and submitted herewith & expense details:

Sr. No.	Name Of Firm	Inv/cash Memo No. & Date	Printing & stationery	Lab Consuma bles	Computer Consumables	Other consumables	Casual labour/ carriage	Hospitality	Minor repair of equipment	Others (Specify)	Others (Specify)	TOTAL
			Rs	Rs	Rs	Rs	Rs	Rs	Rs	Rs	Rs	Rs
Total												

Note: Training & Placement, Examination expenses could be submitted without further classifications.

Remarks (If Any):		
Date	Signature of the claimant	Signature of Head/In-charge