|  |  |
| --- | --- |
|  | Centre for Continued Education  Indian Institute of Technology Hyderabad  Kandi -502284 , Telangana, India,  *Phone: 7060* |



**Reimbursement of Expenditure**



Name of the Faculty/Staff and ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event name and Dates :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advance taken ( If any) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net Claimed :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of expenditure**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *S.No.* | *Date* | *Cash Memo No.* | *Name of the Firm* | *Purpose* | *Amount (Rs.)* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Total Amount of Settlement** | | | | |  |
| (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_only) | | | | | |

I certify that:

(a)The expenditure details are entered in the Stock Register.

(b) The rates charged are reasonable and in accordance with the prevailing market rates

**Signature**

Expenditure approved and sanction accorded for reimbursement of an amount of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dealing Assistant Chair, CCE**

**Bank Name & Branch :**

**Bank Account Number :**

**IFSC Code :**