**IEEE-SB-IIITA**

(Reimbursement Claim Form)

Date: \_ \_ \_ \_ \_ \_ \_ \_ \_

Total amount available in IEEE-SB-IIITA account: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**List of the Items/Events with expenditure bills for reimbursement:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Item/Event Name** | **Date** | **Bill No.** | **Amount** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  | **Total Amount** | | |  |

Total Amount in words: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Signed expenditure bills are attached with the claim form.

|  |  |  |  |
| --- | --- | --- | --- |
| Yours Sincerely,  Signature: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Enroll No.: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Mobile No.: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | **Beneficiary Bank A/C Details:**  Bank Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Bank A/C Holder Name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  Bank Account No.: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  IFSC Code: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | |
| **Treasurer**  (IEEE-SB-IIITA) |  | | **Faculty Counselor/Advisor**  (IEEE-SB-IIITA) | |