**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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|  |  |  |  |  |
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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) |