## भारतीय प्रौद्योगिकी संस्थान गुवाहाटी Indian Institute of Technology Guwahati

**Contingency Expenses Reimbursement Form** 

## Form No. Gen/20(B)

- 1. Funding Agency: \_\_\_\_
- 2. Name of Claimant (in BLOCK letter): \_\_\_\_\_
- 3. Programme (Please tick [✓]): M. Tech / M. Des / Ph. D / Dual (M. Tech + Ph. D)
- 4. Roll No.: \_\_\_\_\_
- 5. Department / Centre/School: \_\_\_\_\_
- 6. Session: \_\_\_\_\_
- 7. Contact Phone No.: \_\_\_\_\_
- 8. Amount of reimbursement:
- 9. Bank A/c No. of the claimant: \_\_\_\_\_\_ IFSC of Bank: \_\_\_\_\_

DETAILS OF EXPENDITURE					
Sl. No.	Description of Items (Voucher No.)	Voucher Date	Qty.	Rate	Total Amount
1.					
2.					
3.					
4.					
5.					
Total Expenditure					
(Rupe	es				only)

I Declare that all the Vouchers / Bills / Cash Memos have been attached chronologically with selfattestation. I also confirm that the reimbursement claim has been done on one-time basis for financial year\_\_\_\_\_

Signature of Claimant

Recommended / Not-Recommended

Dealing Assistant(Dept.)

HOD / HAC

## For Office use only (ACADEMIC SECTION):

Whether the above referred person is a \_\_\_\_\_\_ funded registered "Regular" M.Tech./M.Des/Ph.D./Dual (M.Tech + Ph.D)

student or not? [Yes/No] ..... If 'No', the status is .....

Approved/Not Approved

**Dealing Assistant** 

DR/AR(Acad.)

DOAA/ADOAA

## For Office use only (FINANCE & ACCOUNTS SECTION):

Checked and passed for payment of \_\_\_\_\_\_ (Rupees \_\_\_\_\_\_ only) towards the claim.

