**APPLICATION FORM FOR REIMBURSEMENT OF**

**BAG/BRIEFCASE/PURSE EXPENSES**

(Authy: DoE OM No.13016/1/2005-GAD dated 01-05-2024 &

Office Order No.NITRR/Estt./2024/57-01 dated 22-07-2024)

**Part A**

(To be filled by the Employee claiming reimbursement)

|  |  |
| --- | --- |
| **Name** |  |
| **Designation** |  | **Dept./Section** |  |
| **Pay Level** |  | **Corr. Grade Pay** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Vendor’s Name & Address** | **Bill No.** | **Bill Date** | **Bill Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  | Total |  |

**UNDERTAKING**

 I hereby certify that I have not claimed for reimbursement of expenditure incurred towards purchase of Briefcase/Bag/Purse in last three financial years from any Govt. authority/source.

Date: Signature of Employee

**Part B**

(To be filled by Establishment Section)

**Previous reimbursement details:**

|  |  |
| --- | --- |
| Amount Reimbursed |  |
| Month/Year of Reimbursement |  |

Admissible Amount …………………………

Date: Jt Registrar (Estt.)/ Deputy Registrar(Estt.)

**Part C**

(To be filled by Accounts Section)

Amount passed for payment against Briefcase/Bag/Purse Expenses

………………………………………………………………………………………………

Deputy Registrar (F&A) Registrar