

All India Institute of Medical Sciences, Ansari Nagar, New Delhi
Purchase of Official bag/Briefcase/Ladies purse Reimbursement Claim Form

(To be filled in **BLOCK LETTERS**)

1. **Name of the official** :
2. **Designation & Department/Section** :.....
3. **Employee Code No.** :
4. **Pay level** :
4. **Mobile/Telephone no., & E-mail address, if any** :.....
5. **Details of bill submitted:-**
 - (i) Invoice/Bill no. with date :
 - (ii) TIN no. :
6. **Details of last reimbursement claimed, if any**
 - (i) Invoice/Bill no. with date :
7. **Bank Account Details:-**
 - (i) Name of the Bank, Branch with address :
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 - (ii) Bank A/c No. :
 - (iii) Branch MICR code :
 - (iv) IFSC code :

(Signature)

Name of official:.....

Designation:.....

Date:.....

UNDERTAKING

I hereby undertake that:-

- (i) I have not claimed for reimbursement of expenditure incurred towards purchase of official bag/briefcase/ladies purse either in AIIMS, New Delhi or in any of the Centre of AIIMS New Delhi **in the last three years.**
- (ii) At any stage if found I have given or suppress the facts given in my undertaking, AIIMS New Delhi may take suitable disciplinary action.

(Signature)

Name of official:.....

Designation:.....

Date:.....

Documents to be attached

1. Original bill (with Name, Bill no./Invoice no., TIN etc.) for the reimbursement amount claimed
2. Photocopy of Bill
3. Photocopy of Filled form

For office use

The above bill is passed for an amount of Rs..... as per Office order No.F.No.36-6/86/Estt.I(Part file) dated 18.05.2018.

Dealing Assistant

JAO/AAO

Accounts Officer

Dated:.....