

NATIONAL INSTITUTE OF FASHION TECHNOLOGY, BHUBANESWAR

Form for Reimbursement of Claim of Briefcase

1. Name of Officer : _____
2. Designation : _____
3. Category : _____
4. Pay Level : _____
5. Office / Section (Place of Posting) : _____

Details of Invoice:

Description of Item	Bill Number & Date	Amount
TOTAL =		

Enclosed: (Original bill/ Invoice)

DATE:

SIGNATURE OF THE GOVERNMENT SERVANT

UNDERTAKING

I hereby declare that the above bill/ amount indicated in the bill & claimed above has not been claimed earlier during the last three (03) years period.

This bill has been claimed after completion of three years from the date of my last receipt.

The above undertaking is true and correct to the best of my knowledge and if any default at my end and the amount reimbursed is liable to be recovered, with penalty if any.

DATE:

SIGNATURE OF THE GOVERNMENT SERVANT