Reimbursement claim for Briefcase

Month ……. Year ……..

1. Name of Officer ……..
2. Designation ……..
3. Category ……..
4. Authorization One
5. Office / Section (Place of posting) ……..

……

Cost (Rs.) Bill No. Dated

……

Signature

……

Undertaking

I hereby declare that the above bill/amount indicated in this bill & claimed above has not been claimed earlier during the last three year.

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

Signature

……

For Office Use

The bill is restricted for the amount of Rs. …….. as per office order No. D/5014/1/2003 dated 05.11.2007
Dated ……..

D.D.O.