

Reimbursement claim for Newspaper

Magazine for the quarter/Month _____ Year

1. Name of Officer
2. Designation
3. Authorisation
4. Place of Posting
Office
Section
5. Name of Newspaper/Magazine

Cost per copy _____ Bill NO. _____ Dated: _____

Signature

Undertaking

I hereby declare that the above bill/amount indicated in this bill & claimed above has not been claimed earlier at any time.

Signature

For Office Use

The bill is restricted for the amount of Rs. _____ which is either actual monthly/quarterly bill minus 15% or Rs. 100/- per month/Rs.300/- per quarter per newspaper/magazine whichever is less. The number of newspaper/magazine allowed is _____ as per office order No. WF. 063 (Misc) dated 22.08.2006

D.D.O.