केन्द्रीय संस्कृत विश्व-विद्यालय /Central Sanskrit University

56-57, Institutional Area, Janakpuri, New Delhi- 110058

प्रतिपूर्ति दावा प्रपत्र/Reimbursement Claim Form

SAMARTH Ref. No.....

नाम/ Name:..... कार्मिक संख्या /Employee Code:.....

विभाग/ Deptt..... पदनाम/ Designation.....

अग्रिम राशि /Amount of advance : ₹..... बजट शीर्ष/Budget Head.....

I have incurred official expenses as per details below:

Sr. No	Bill No.	Date	Seller Name	Nature of Expense	₹ (Amt)	Enclosure Number
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total

Note: (1) All the original bills should be enlcosed
(2) Billls enclosed must be signed/verified by claimant.
(3) Bills must be entered in stock or relevant expense register wherever applicable.

राशि (अक्षरों में) Amount (in words) Rs.....

दावेदार/Claimant अनुभाग अधिकारी/S.O उप निदेशक /DD स्वीकृति अधिकारी/sanctioning authority

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(For Use of Finance Section)

Passed for payment of ₹.....रुपये..... के भुगतान के लिए स्वीकृत।

सहायक Assistant | अ0अ0 (वित्त)/लेखाधिकारी (F)/AO | सहायक/उप निदेशक वित्त AD/DD(F) | उप निदेशक / DD | वित्त अधिकारी FO