



COTTON UNIVERSITY

Panbazar, Guwahati – 781001, India
Website: www.cottonuniversity.ac.in



REIMBURSEMENT CLAIM FORM

(For all purposes except TA/DA Bill)

Name of the claimant: _____

Designation: _____ Department/Cell/Section: _____

Mobile No: +91 _____ Email ID: _____

Voucher No.	Voucher Date	Particulars	Amount (Rs.)
V-1			
V-2			
V-3			
V-4			
V-5			
V-6			
V-7			
V-8			
V-9			
V-10			
V-11			
V-12			
V-13			
V-14			
V-15			
V-16			
V-17			
TOTAL			

Note: Attach additional sheet(s) if required. Attach the supporting vouchers/relevant documents chronologically

DECLARATION BY THE CLAIMANT

I hereby declare that the information furnished in the claim form is true and correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material/fact with respect to this claim, my right to claim the reimbursement shall be forfeited. I hereby declare that I have included all the bills/receipts for the purpose of this claim and that I will not make any supplement claim, if any. I hereby declare that due diligence has been observed for availing the aforesaid claim. I have no objection in deduction of any un-admissible amount by the competent authority in this claim form and the final admissible amount may be disbursed to the below mentioned bank account.

Place: _____

Date: ____/____/20____

Signature of the claimant

BANK DETAILS (To be filled in BLOCK Letters)

ACCOUNT NUMBER	
NAME OF THE ACCOUNT HOLDER	
IFSC	
BANK NAME & BRANCH	