



COTTON UNIVERSITY

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

अप्रमत्तेन वेदव्ययम्

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 | |