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|  | IHUB DRISHTI FOUNDATION  Regd. Office:  C/o INDIAN INSTITUTE OF TECHNOLOGY JODHPUR  NH 62, Nagaur Road, Karwar-342030, Jodhpur (Rajasthan)  CIN: U73100RJ2020NPL070417 |

**Reimbursement for Expenditure**

|  |  |  |
| --- | --- | --- |
| 1. | Name |  |
| 2. | Purpose of Expenditure |  |
| 3. | Reimbursement to be made in the Name of |  |
| 4. | Bank Account details for Fund Transfer | |
| 1. Name of Account Holder |  |
| 2. Bank Name and Branch |  |
| 3. Account Number |  |
| 4. IFSC Code |  |

Details of Bills claimed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No. | Date | Invoice/  Bill No. | Suppliers Name | Particulars | Stock-Register Page No. | Amount (Rs.) |
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|  | | | | | |  |

Amount in Words:

Signature

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| --- | --- | --- | --- |
| For Office of Accounts use only | | | |
| S. No. | Item | Details | |
| 1 | Amount Claimed | |  |
| 2 | Advance Paid/Adjusted | |  |
| 3 | Passed for Reimbursement | |  |
| 4. | Head of Expenditure | |  |
| Manager Finance Accounts Officer | | | |
| Approval accorded/not accorded  Signature of Director /CEO | | | |