



## Requisition for Reimbursement

Name of person requesting :

Designation :

Recommended by :

Required Amount :

Any Remark :

I had spent an amount of Rs..... towards.....

Approval is enclosed for the same. I hereby submitting necessary bills/  
vouchers from ..... to .....(total:.....) for Rs.....

Hence, it is requested to reimburse me an amount of Rs.....

**Date:**

**Signature**

An amount of Rs..... may be reimbursed to

Mr./Dr.....

**Date:**

**Authorized Signatory**

**To,  
Registrar  
FA&CAO**

### RECEIPT

I have received an amount of Rs.....

from Finance & Account Section through cash/cheque/DD no. .... Dated:.....

**Date:**

**Signature**

**To,  
Accounts Section**