कुमारभास्करवर्मसंस्कृत-पुरातनाध्ययनविश्वविद्यालयः
কুমাৰ ভাস্কৰ বৰ্মা সংস্কৃত আৰু পুৰাতন অধ্যয়ন বিশ্ববিদ্যালয়
Kumar Bhaskar Varma Sanskrit & Ancient Studies University
Namati, Nalbari-781337
Website:www.kbvsasun.ac.in :: Email Id:kbvsasun@rediffmail.com

## REIMBURSEMENT CLAIM FORM

*(Formal purposes except TA/DA Bill)*

**Name of the claimant:**_____

**Designation:Department/Cell/Section:**_____

**MobileNo:**_____**EmailID:**_____

| Voucher No. | Voucher Date | Particulars | Amount (Rs.) |
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| **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 anyfalse or untrue statement, suppression or concealment of any material/fact with respect to this claim, my right to claim the reimbursement shall be forfeited. Ihereby 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 thatdue diligence has been observed for availing the aforesaid claim. I have no objection in deduction of any un-admissible amount by the competent authority inthisclaim form and the finaladmissibleamountmaybedisbursedtothebelowmentionedbankaccount.*

**Place:**

_____

Date:Signature ofthe claimant

| BANK DETAILS (To be filled in BLOCK Letters) | |
|---|---|
| ACCOUNT NUMBER | |
| NAME OF THE ACCOUNT HOLDER | |
| IFSC | |
| BANK NAME & BRANCH | |