

**APPLICATION FORM FOR REIMBURSEMENT OF
PURSE /BAG /BRIEFCASE EXPENSES**

(Part A)

(To be filled by the Officer claiming reimbursement)

Name			
Designation		Section	
PAY LEVEL		Corresponding Grade Pay	
Employee ID	JHRNA/ JHRNL/ JHRNC		
Mobile No.			
A/C No.			
Bank Name			
Branch Name			
IFSC			

Vendor's Name & Address	Bill No.	Date	Amount (Rs.)
		Total	
Admissible amount claimed for Purse/Bag/Briefcase Expenses			

The Bill in original with certification of payment, is enclosed for reimbursement.

Dated :

Signature of the Officer / Official

(Part B)

(To be filled by R&G section)

Previous reimbursement details:

Amount Reimbursed	
Month / Year of reimbursement	

Auditor / Sr. Auditor

AAO / R&G

AO / R&G