

INDIAN INSTITUTE OF SCIENCE BANGALORE - 560 012

REIMBURSEMENT REQUEST FOR ONLINE PURCHASES						
Name of the student requesting reimbursement SR No. :			SAP No	:		
Department / Centre : ECE			Date	:		
To: The Financial Controller, IISc						
Please reimburse the amount to,						
□ Name :						
☐ Bank Account No. and Name of the : bank Details of purchases (the value of each d	istinct item	n must ha	etrictly lose than	1 00 000)		
SI. Item Description	Qty.	Unit	Rate	GST	Amount	
No.	Qty.	Offic	Nate	001	Amount	
2						
3						
Total:						
Total Amount (In words):						
Debit Head:						
Goods received in satisfactory condit	ion.					
☐ Entered into the Department Equipment and Consumable Register (if applicable),						
Number in the Register:						
(Explicitly mention for all items entered into the register) Credit card statement / Proof of payment enclosed.						
Payment receipt from online vendor		c u.				
Certified that the material procured of		nt heen reti	irned for any reaso	nn		
			arriod for arry roads			
Justification for online purchase:						
Olimpature of the	0:	ma af the		0:		
Signature of the Student claiming	Signature of the faculty Advisor		c	Signature of Chair of the Department		