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| LOGO_IISC.jpg | **INDIAN INSTITUTE OF SCIENCE BANGALORE – 560 012** |
| REIMBURSEMENT REQUEST FOR ONLINE PURCHASES |
| Name of the Person requesting reimbursement | : |  | SAP No | : |  |
| Emp ID | : |  |  |  |  |
| 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 distinct item must be strictly less than 1,00,000) |
| **Sl. No.** | **Item Description** | **Qty.** | **Unit** | **Rate** | **GST** | **Amount** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
|  |  | Total: |  |
| Total Amount (In words):  |
| Debit Head:  |  |
| * Goods received in satisfactory condition.
* 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 enclosed.
* Certified that the material procured online has not been returned for any reason.

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| Justification for online purchase:  |

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| Signature of the Person claiming | Signature of the Reporting Faculty | Signature of Chair of the Department |