



**INDIAN INSTITUTE OF SCIENCE
BANGALORE – 560 012**

REIMBURSEMENT REQUEST FOR ONLINE PURCHASES

Name of the Person requesting reimbursement :	Emp ID :	Department / Centre :	ECE	SAP No :	
				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.

Justification for online purchase:

Signature of the
Person claiming

Signature of the
Reporting Faculty

Signature of
Chair of the Department