|  |  |
| --- | --- |
|  LOGO_IISC.jpg | INDIAN INSTITUTE OF SCIENCE**BANGALORE – 560 012** |
| REIMBURSEMENT REQUEST  |
| Name of the person requesting reimbursement : Employee Code/SR no. :  | Request No.: |
| Department / Centre :  | Date:  |
| To: The Financial Controller, IIScPlease reimburse the amount to :* Name:
* Other (Bank Account Details):­­­­
 |
| **Sl. No.** | **Item Description** | **Qty.** | **Unit** | **Rate** **Rs. Ps** | **\*CST/****KST%** | **Cess****%** | **E.T.****%** | **E.D** **%** |  **Amount** **Rs. Ps.** |
| .1 |  |  |  |  |  |  |  |  |  |
| Debit Head: |  |
| Total  |  |
| * 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.

Signature of the person claiming Signature of the Chair of the Department / Centre |