



**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, IISc  
Please reimburse the amount to :  
 Name:  
  
 Other (Bank Account Details):

Sl. No.	Item Description	Qty.	Unit	Rate		*CST/ KST%	Cess %	E.T. %	E.D %	Amount	
				Rs.	Ps					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 \_\_\_\_\_