

# All India Institute of Medical Sciences, Gorakhpur

## Form for Reimbursement Claim of Briefcase

1. Name of Officer: .....
2. Designation: .....
3. Category: .....
4. Level: .....
5. Office / Section (Place of Posting): .....

### Details of Invoice

Cost (Rs.)	Bill No.	Dated
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Signature

### Undertaking

I hereby declare that the above bill/amount indicated in this bill & claimed above has not been claimed earlier during the last three year. This bill has been claimed after completion of three years from the date of my last receipt.

Signature

### For Office Use

The bill is restricted for the amount of Rs. .... as per office memorandum No. ....  
Dated .....

Dated.....

D.D.O.