



Request for Reimbursement / Advance Settlement - Check List

1.	Name of the Department	
2.	Name and Designation of the Faculty	
3.	Date of request	
4.	Name of the Event	
5.	Date of Event	
6.	Whether form enclosed type	☐ Reimbursement ☐ Adjustment of Advance
7.	Amount	Rs.
8.	Fund	☐ GF ☐ DDE ☐ EMF ☐ Any other
9.	Whether prior permission got from authorities	☐ Yes ☐ No If yes, order shall be enclosed If no, specify the reason
10.	Report Attached	☐ Yes ☐ No
11.	Whether enclosed bills / receipts counter signed	☐ Yes ☐ No
12.	Forwarded through Proper Chanel	☐ Yes ☐ No

Signature