**Annexure-IX: Format for Reimbursement of Bills**

**To**

**The DFO**

 **Accounts Office**

Name of the Club:

Name of the Event:

Date of Event: From……………………….to……………………..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl No | Bill No | Name of the Vendor | GST No | Date | Amount in Rs |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  TOTAL |  |

Details of the Account Holder(if ANY) To which the amount has to be credited:

Account Holder Name:

A/C No-

IFSC-

Bank Name-

Swift-

President Faculty Advisor

(Name & Signature) (Name & Signature)

 K.Sridhar Patnaik Dr.B.Karn

 Asso.Dean,Student Affairs Dean,StudentAffairs