



Indian Institute of Technology Mandi Kamand, H.P.-175005

PROFORMA FOR REIMBURSEMENT OF FACULTY RESEARCH FUND FROM SCHOOL

Name..... Designation..... Emp.No.....

School.....

DETAILS OF REIMBURSEMENT CLAIM

S.No	Item	Supplier	Bill/Cash memo/receipt no. with date	Amount (Rs)

CLASSIFICATION OF ABOVE EXPENDITURE

- I. Chemicals Rs _____
- II. Salary to Project Staff/Ph.D Scholar/Honorarium etc. Rs _____
- III. T.A Bills of Conferences Rs _____
- IV. Lab Equipments Rs _____
- V. Desktop/Laptops/Computer Peripherals /Computer consumables Rs _____
- VI. Others (Please Specify) Rs _____

Total Rs _____

Date: _____

Signature _____

Passed for payment*

Head of school _____

*(Payment to be released after pre-audit)

AUDIT DEPARTMENT

FINANCE & ACCOUNTS DEPARTMENT

Pre-audited for Rs..... Financial Year AR (Audit & Accounts)	Passed for payment Rs..... Transferred in the bank a/c on..... Cheque no. & date..... (if paid by cheque) <div style="display: flex; justify-content: space-around; margin-top: 20px;"> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Jr.Acctt F&AO/ Registra </div>
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NOTE: 1. Others do not include Mobile/Telephone/Internet charge reimbursement.
 2. If the number of items is more, please enclose a separate sheet.