



# National Institute of Biologicals

(Ministry of Health & F.W. Govt. of India)

Noida

## NEWS PAPERS REIMBURSEMENT CLAIM FORM

Name of the Officer : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Pay Level & Basic Pay (Rs.) : \_\_\_\_\_

I certify that I have spent Rs. : \_\_\_\_\_ (in Rs. \_\_\_\_\_)

Towards purchase of Newspaper(s) for the months of:

i) Jan-June, 20 \_\_\_\_\_

ii) July-Dec, 20 \_\_\_\_\_

(Only one option is to be ticked)

I further declare that : i) The Newspaper (s) in respect of which reimbursement is claimed, is/are purchased by me. ii) The amount for which reimbursement is being claimed has actually been paid by me and has not/will not be claimed from any other source.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name \_\_\_\_\_

Note: This bill should be prepared in duplicate.

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For Official Use Only

Entry has been made at the Page No \_\_\_\_\_ of the relevant Register. Verified and claim admitted/recommended for an amount of Rs. \_\_\_\_\_

Checked By

Administrative Officer