

Reimbursement Claim for News paper / Magazine for the
Quarter / Month for year

1. Name of Officer :
2. Designation :
3. Authorisation :
4. Place of posting :
Office, Section :
5. Name of Newspaper :
/Magazine

Cost per copy

Bill No.:

Dated:

Undertaking

I hereby declare that the above bill / amount indicated in this bill and claimed above not been claimed earlier at any time.

Signature

FOR OFFICE USE ONLY

The bill is restricted for the amount of Rs. ----- which is either actual monthly / quarterly bill minus 15% of Rs. 50/- per month / Rs. 150/- per quarter per newspaper / magazine whichever is less. The number of newspaper / magazine allotted is as per office Order No.

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And

D.D.O.