**GEETHANJALI COLLEGE OF ENGINEERING &TECHNOLOGY**

**Reimbursement claim for Miscellaneous / Incidental Expenses Date:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept\_\_\_\_\_\_\_\_\_\_\_\_ Employee Code\_\_\_\_\_\_\_

Authorized by\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval reference (Enclose copy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| SNO | Description | Supplier | Bill No. | Amount(Rs.) | Remarks |
|
|  |  |  |  |  |  |

Signature:

To Recommended by Approved by

Accounts Officer HOD Principal

**GEETHANJALI COLLEGE OF ENGINEERING &TECHNOLOGY**

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|  |  |  |  |  |  |

Signature:

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