



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA**

**अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना - 508126, भारत**

FORM FOR REIMBURSEMENT OF BRIEFCASE/OFFICE BAG

Ref: Circular No AIIMS/BBN/Accts.Wing/F&A/20-21/85 dated 17 Feb 2021.

1. Name of Officer :
2. Designation :
3. Date of Joining :
4. Department :
5. Bank A/c No.& IFSC Details :
6. Date of previous Claim for Reimbursement Claim of Briefcase :

Details of Purchase

S. No.	Item Purchased	Invoice No. & Date	Amount in INR	Transaction details (Online)
1				
2				

Undertaking

I hereby declare that the above bill/amount indicated in this bill & claimed above has not been claimed earlier during the last three year.

This bill has been claimed after completion of three years from the date of last receipt.

Signature

For Office Use

Submitted for grant of Reimbursement Claim of Briefcase of Rs. _____ (Rupees _____) in the FY _____

Date.....

Accounts Officer/DDO