(An Institute of National Importance, Ministry of Education, Govt. of India)

CPDA CLAIM FOR OF CONTINGENT EXPENSES REIMBURSEMENT OF MEMBERSHIP FEE FOR PROFESSIONAL BODIES / SOCIETIES

1. F	Particulars (of the Facul	v Member fo	or CPDA cla	aim for	reimbursement:
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2a	Name of the Faculty Member	
2b	Pay Matrix & Level	
2c	Designation & Department of the Faculty Member	
2d	Nature of appointment (Regular/Temporary/Contract)	

2. **Particulars of Contingent Expense for the Items mentioned:** The following is the statement of account for the purchase of contingencies. The relevant cash memos/bills/vouchers are duly verified and enclosed herewith:

S. No.	Items	Invoice No.	Date	Vendor	Amount	Remarks
1						
2						
3						
4						

N.B.: This form is to be deposited to the Accounts Section along with the bills/vouchers etc. and the administrative approval of the competent authority.

3. The following is the statement of account for the Membership Fee of Professional Bodies / Societies:

S. No.	Items	Invoice No.	Date	Professional Body / Society	Amount	Remarks
1						
2						
3						

Note: - This form is to be deposited to the Accounts Section along with the bills/vouchers etc. and the administrative approval of the competent authority.

List of Enclosures to be submitted:

- a) Original invoice/relevant cash memos/bills/vouchers
- b) Administrative approval from the Competent Authority
- c) Any Other, please specify _____

CERTIFICATE

a)	I certify that the details gi	ven above are correct. If	the information supplied is for	ound to be incorrect, I
	will refund the entire rein	mbursed amount to NIT	Sikkim.	
b)	Rs	(Rupees		only)
	may be reimbursed.			

Date _	/	_/20_	_ Signature of Applicant

(Forwarded / Not Forwarded)

The claim is verified and the Invoice and/or payment receipt is duly signed by the concerned faculty.

Sl No	Head of Expenditure	Amount Reimbursable
1	Contingent Expenses	
2	Membership	
pees) may be reimbursed.
	r Sup Accounts	Asst./Deputy Registrar (Account ursement of expenses claimed)