**APPLICATION FORM FOR CPDA REIMBURSEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Faculty |  | Emp Code |  |
| Designation |  | Block Period |  |
| Department |  | Financial Year |  |

Reimbursement Submitted for : Amount Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Amount Claiming Under : Academic Fund Contingency Fund

This is to certify that the above claims are being made (with bills/receipts/details in the attached sheets) and may be reimbursed from the balance available in my CPDA account.

 Signature of the Faculty with date

Recommended / Not Recommended forwarded with remarks

Signature of Head of the Department

Date:

**F & A Division**

Balance available as on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Fund Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Contingency Fund Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement amount entered in CPDA Stock Register vide Page No. \_\_\_\_\_\_\_\_\_ S. No.\_\_\_\_\_\_\_\_\_.

Amount shall be reimbursed under: Academic Fund Contingency Fund

Dealing Assistant Superintendent (Accounts)

Internal Audit Remarks: Bills checked in Audit for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal Auditor

Approved / Not Approved

Director / DOFA

 Forwarded to F&A for reimbursement of expenses: