

IT IS CERTIFIED THAT: -

1. Bill No. _____ dated _____ M/s _____
claim for the period _____ to _____ passed for
Rs. _____ (Rs. _____)

2. I am entitled for Rs. _____ of Briefcase/Mobile Hand Set
as per DOT norms.

3. Claim not drawn previously.

4. Last purchase/reimbursement was made on _____ for
the period _____.

5. The above information is correct as per best of my knowledge
and belief. I am responsible for genuineness / periodicity of claim.

6. Passed for Rs. _____
_____.

Signature

Pre-check for Rs. (Rs.)

JAO, TEC

Paid for Rs. (Rs.)

AO (CASH)

**Application for claim of reimbursement for purchase of Mobile/
Briefcase/Lady Purse etc. by officers/officials of DOT**

Part A: to be filled by Claimant

S.No.	Particulars	Details
1.	Name of claimant	
2.	Designation	
3.	Office Address/ Contact No.	
4.	Basic Pay in Pay Band	
5.	Grade Pay	
6.	Description of Item of Purchase	
7.	Amount of Claim	
8.	Whether the last purchase was made 3 years before	Yes/No
9.	Whether Bill/ Cash Receipt is enclosed	Yes/No

Signature of Claimant

Dt.....

Part B: For office use only

Entry No.

10.	Name admissible to the Claimant	
11.	Amount Claimed for	
12.	Amount passed for reimbursement	

