ICMR-National Institute for Research in Tuberculosis

Chetpet, Chennai -600031.

REQUEST FOR REIMBURSEMENT OF BRIEFCASE

S.NO	NAME & DESIGNATION OF EMPLOYEE	DESCRIPTION OF ITEM WITH BILL NUMBER & DATE	AMOUNT
		TOTAL	

UNDERTAKING FORM FOR RE-IMBURSEMENT PURSE & BRIEFCASE

I_____,Designation_____,
Department_____ solemnly declare that

1. I have purchased a briefcase from M/S _____for an amount of Rs._____Vide bill as _____ date_____ (original bill/ Invoice enclosed)
2. That I have not reimbursed any claim for brief case during the last 3 years period.

The above undertaking is true and correct to the best of my knowledge and if any default at my end and the amount reimbursed is liable to be recovered, with penalty if any.

SIGNATURE OF THE GOVERNMENT SERVANT