



ALL INDIA GRADUATE ENGINEERS & TELECOM OFFICER'S ASSOCIATION

Reimbursement Claim Form

Member Details

Name	
Place of Posting & Area	
Contact Number	
Name as registered with Bank	
Membership No	
Membership Type	Executive Member / Zonal Body Member / Ordinary Member

1. Journey and Stay Details

From Place & Date	To Place & Date	PNR Number and Train Details	Whether Tatkal availed	Accommodation

2. Claim Details

Outgoing Train Fare including Tatkal if any	
Incoming Train Fare including Tatkal if any	
TA / DA Claim	
Any Other expense incurred for association work	
Total Claim Amount	

Total Claim Amount (in words):

Signature

3. Attachments (Such as Train Ticket, Hotel Bill, Other expenditure Bills etc):-

Member Name with Membership Number: -

For Office Use

1. Certified that the member had actually participated in association activity for the above declared period.

(Name)

(signature of CS/ZS)

2. Pending Subscription of the member as on 1st day of the journey Month

3.

Rs. _____ in words _____

(Name)

(signature of Zonal Finance Secretary)

4. Verified Supporting Documents

(Name)

(signature of Finance Secretary)

5. Final Calculation Details with Signature

(Name)
Signature of Approving Authority

(signature of Finance Secretary)

(VP)

(CS/CP)

6. Issued Cheque Details -

Cheque Number:-

Date of Issue :-

7. Member Signature while receiving cheque with Date