

DR K V Rao Scientific Society

Claim Form

This is to certify that an amount of Rs. _____/- Rupees
_____ (in words) is incurred on account of

Sno	Nature of Expenses	Amount- Rs.	Remarks
1	Conveyance		
2	Travel Expenses		
3	Others (Specify)		
	TOTAL		

Name of the Event:

Nature (from / to place)

Date of Journey:

Attached is the receipt/document (in original) for the above expenses.

Banks Details for claiming the above amount

Name of the Bank	
Name (as per Bank account)	
Account Number	
Branch / City	
IFSC Code	

The above account details are of the applicant / relative (name & relationship of relative)

_____, School teacher
(Name)_____ Others (details to be provided)

Signature:

Name:

Contact no:

Notes:

1. Travel reimbursement will be given to only the Team Leader of the Project and one Guardian per school.
2. Reimbursement will be given as per second class sleeper train fare or mode of travel whichever is lesser. Amount of claim to be checked with the Portal of Railways.
3. Attach the travel ticket(s) along with the form.
4. Reimbursement will be given only post travel and attendance at the Event(s).
5. Reimbursement can be claimed within 15 days of the Travel.
6. Reimbursement amount shall be paid to the above-mentioned bank account in settlement of the claim.
7. For claim on conveyance charges attach the proof of travel with approximate travel distance covered.
8. Claim form to be sent to the following email ID accounts@kvrss.org
9. For any Clarifications, contact number N V Aparna 9959664000
10. At Discretion of the management of society amount claimed wrongly can be reduced.