भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati

Form No. **Gen/20(A)**

Contingency Expenses Reimbursement Form

1. "Contingency" A/c Code of the concerned academic Dept./Centre: _____
2. Funding Agency (Only for students receiving Institute Assistantship): _____
3. Name of Claimant (in BLOCK letter): _____
4. Programme (Please tick [✓]):   **M. Tech / M. Des / Ph. D / Dual (M. Tech + Ph. D)**
5. Roll No.: _____
6. Department / Centre: _____
7. Month and Year of Joining: _____
8. Mobile No.: _____
9. Amount of reimbursement (Maximum Rs.5,000/- per annum): _____
10. Bank A/c No. of the claimant: _____
11. IFSC:_____ Name and Branch of Bank: _____

SI. No.	Description of Items	Voucher No & Date	Qty.	Rate	Total Amount
	DETAILS OF EXPENDITURE*				
1.					
2.					
3.					
4.					
5.					
				Total Expenditure	

(Rupees_____ only)

I Declare that all the Vouchers / Bills / Cash Memos have been attached chronologically with self-attestation. I also confirm that the reimbursement claim has been done on one-time basis for financial year_____

Signature of Claimant

For Office use only (DEPARTMENT/CENTRE):

 All bills/invoices have been checked and verified. Also certified that the claimant is a 'Registered' Regular student of M.Tech/M.Des/MSR/PhD/Dual Degree programme.

 The reimbursement claim amount has been entered in the BPS (Yes/No).

 Approved / Not-Approved (Please tick [✓] whichever is applicable)

Dealing Assistant   **HOD / HAC**

For Office use only (FINANCE & ACCOUNTS SECTION):

Checked and passed for payment of `_____ (Rupees
_____ _____only) towards the claim.

Dealing Assistant   **Accounts Officer (F&A)**   **AR / DR (F&A)**