

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Reimbursement under CPDA

Name of the Employee:

Department:

PF No:

Date:

Category of expenses	Invoice No.	Date	Details	Amount (Rs.)	Stock reg. page
<input type="checkbox"/> Membership					
<input type="checkbox"/> Non Consumables					
<input type="checkbox"/> Books					
<input type="checkbox"/> Telephone					
<input type="checkbox"/> Contingency					
<input type="checkbox"/> Consumable					
			Total		

This is to certify that the above claims are being made (with bills/receipts/details in the attached sheets) for the professional development (i.e. related to research and teaching) and may be reimbursed from balance fund available in my CPDA account for the block year 20_____ to 20_____.

Date:

Signature of the Employee

Certified and approved for reimbursement.

HOD

Department of _____

Encl:

For official use in Finance and Accounts Section only

Passed for an amount of:			
Assistant	Superintendent	Assistant Registrar	Dy. Registrar (F & A)