

**CLAIM FORM FOR REIMBURSEMENT OF BRIEFCASE/OFFICE BAG/LADIES PURSE**

Name of Employee			
Designation		P.F. No	
Pay in Pay Band		G.P./A.G.P.	
Department / Section			

**Rate for reimbursement as per Office Order No.F No 25/3/2017-G Admn/ GOI/MOF Dated-20<sup>th</sup> July 2017 adopted vide order /No. IISERBPR/RO/OO/2019/45 Dtd Sept 24, 2019**

Sr. No.	Level Of Officer/Official	Monetary Ceiling(in ₹)	Pay level
		Amount in Rupees	
1	Secretary/Spl Secretary/Or equivalent	10,000/-	17
2	Addl. Secretary or equivalent	8,500/-	15
3	Joint Secretary and equivalent	6,500/-	14/14A
4	Director/Deputy Secretary /PSO/Sr PPS or equivalent	5,000/-	12/13/13A1/13A2
5	Under Secretary /PPS or equivalent	4,000/-	8 to 11
6	Section Officer/PS or equivalent	4,000/-	
7	Assistant/PA or equivalent	3,500/-	6 to 7

Sr. No.	Year of Claim	Bill/Rect. No. & Date	Amount entitled	Amount Claimed	Previous Claim details *	
					Date & Year claim	Amount
1						

\* As per the existing practice, Briefcase/Office Bags/Ladies Purse are provided to the Officials of above category of **once in three years from the date of issue of earlier one.**

**CERTIFICATE**

*Certified that the bills indicated and the amount as above have actually been paid by me, Bills/Receipts are enclosed in original and the expenditure is related Purchase of briefcase/ Office Bag/Ladies Purse.*

**Date:**
**Signature of the employee**

<b>Passed for Rs. :</b>		<b>(Rs. in words)</b>	
<b>Prepared by</b>	<b>Checked by</b>	<b>Recommended by</b>	<b>Approved as per Rules</b>
<b>Office Assistant</b>	<b>Jr. Supdt. / Supdt.</b>	<b>AR(F&amp;A)</b>	<b>DR/Registrar</b>

