



**CLAIM FORM FOR REIMBURSEMENT OF NEWSPAPERS PURCHASED/SUPPLIED TO OFFICERS AT THEIR RESIDENCE**

**Auth : Govt of India, Deptt of Expenditure OM No 25(12)/E-Coord-2018 dt 03 Apr 2018 adopted vide IISER Berhampur Office Order No IISERBPR/RO/OO/2019/47 Dtd Oct 21, 2019**

Sr. No.	Level Of Officer/Official	Ceiling(in ₹)	Pay level
		Amount in Rupees	
1	Secretary/Spl Secretary/Or equivalent	As per actuals	17
2	Addl. Secretary or equivalent	1100/-	15
3	Joint Secretary and equivalent	850/-	14/14A
4	Director/Deputy Secretary/Under Secretary/Section Officer or equivalent	500/-	10, 11, 12, 13A1 & 13A2

**[Statement to be furnished on half-yearly basis by the Officer to Administration]**

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

I certify that I have spent ₹ \_\_\_\_\_ towards purchase of Newspaper(s) for the month of :

i)  **January – June, 20** \_\_\_\_\_

**OR**

ii)  **July – December, 20** \_\_\_\_\_

[only one option is to be ticked]

I further declare that : **i)** The Newspaper(s) in respect of which reimbursement is claimed, is/are purchased by me. **ii)** The amount for which reimbursement is being claimed has actually being paid by me and has not/will not be claimed by any other source.

**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>