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-20th July 2017 adopted vide order /No. IISERBPR/RO/OO/2019/45 Dtd Sept 24, 2019

Sr. No.	**Level Of Officer/Official**	**Monetary Ceiling(in ₹) Amount in Rupees**	**Pay level**
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**

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