

**REGIONAL INSTITUTE OF EDUCATION: BHUBANESWAR**  
**CAMPUS & WELFARE SECTION**  
**(FORMAT FOR REIMBURSEMENT OF COST OF NEWS PAPER)**

1. Name & Designation :
2. Deptt./Section :
3. Claim for the period : January to June ☐ Year -  
 (Put ✓ Mark) : July to December ☐ Year -
4. Bill Details :

Sl No.	Month	Amount (RS.)	Sl.No.	Month	Amount (RS.)
1	January		1	July	
2	February		2	August	
3	March		3	September	
4	April		4	October	
5	May		5	November	
6	June		6	December	
	<b>Total</b>			<b>Total</b>	
	15% cost of Ruddi (-)			15% cost of Ruddi (-)	
	<b>Grand Total</b>			<b>Grand Total</b>	

**N.B:** Original bills must be certified by the claimant

Signature of the claimant

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