

Signature of the person claiming

INDIAN INSTITUTE OF SCIENCE BANGALORE - 560 012

REIMBURSEMENT REQUEST FOR ONLINE PURCHASES										
Name of the person : requesting reimbursement Employee Code :					Request No.:					
Department / Centre :					Date:					
To: 7	To: The Financial Controller, IISc									
Please reimburse the amount to : □ Name:										
□ Other (Bank Account Details): Details of online purchases (the value of each distinct item must be strictly less than `1,00,000)										
SI. No.	Item Description	Qty.	Unit	Rate Rs. Ps	*CST/	Cess %	E.T. %	E.D %	Amo Rs.	unt Ps.
Debit Head:										
Total in `										
	 Goods received in satisfactory condition Entered into the Department Equipment and Consumable Register (if applicable), Number in the Register: (Explicitly mention for all items entered into the register) Credit card statement / Proof of payment enclosed Payment receipt from online vendor enclosed Certified that the material procured online has not been returned, for any reason. Justification for online purchase:									

Signature of the Chair of the Department / Centre