GURUCHARAN UNIVERSITY

A State University established by upgrading Gurucharan College under Assam Act No. LVII of 2023

Website: www.gurucharanuniversity.ac.in

REIMBURSEMENT CLAIM FORM

FORM – FA 03

(For all purposes except TA/DA Bill)

Name of claimant: _____

Designation: _____ Department/Cell/Section: _____

Mobile No._____ Email ID: _____

Voucher No.	Voucher Date	Particulars	Amount (in Rs.)
V-1			
V-2			
V-3			
V-4			
V-5			
V-6			
V-7			
V-8			
V-9			
V-10			
V-11			
V-12			
V-13			
V-14			
V-15			

Note: Attach additional sheet(s), if required. Duly certified supporting vouchers and relevant documents shall be enclosed in chronological order.

DECLARATION BY THE CLAIMANT

I hereby declare that the information provided in this claim form is true and correct to the best of my knowledge. I have submitted all relevant bills/receipts duly certified and will not make any further claims. I understand that any false statement or concealment of facts may lead to rejection of this claim. I agree that any inadmissible amount may be deducted by the competent authority, and the final admissible amount may be credited to my bank account.

Place: _____

Date: _____ /_____ / 20 _____

_____

Signature of Claimant

BANK DETAILS (To be filled in BLOCK Letters)	
NAME OF THE ACCOUNT HOLDER	
ACCOUNT NUMBER	
IFSC	
BANK & BRANCH NAME	