The Principal SGGSCC	Date:	
Pitampura,		
Delhi-110034		
Sub: Reimbursem	ent of Expenses	
Respected Sir,		
I/We hereby infor	m you that I/We incurred expenses which details are as follow:	
Who incurred exp	enses:	
Date of Invoice(s):	·	
Amount of Expens	ses:	
Purpose of incurre	ed expenses:	
Invoice no.:		
Department for ex	xpenses occurred:	
No. of Bills:		
Total Amount of E	xpenses:	
Kindly reimburse t	the same amount (Rs in word)
Details of Payee		
Name of Beneficia	ary	
Account No.		
IFSC		
Name of Bank		
Thanking you		
Your Sincerely		

Signature

Sri Guru Gobind Singh College of Commerce Summary of invoice(s) attached for reimbursement

S.No.	Invoice No./ Bill No.	Invoice Date	Particulars (Vendor Name/Purpose)	Amount
			Total	

De translati
Rs. in words (I/We are satisfied that the above goods purchased are specification and quality, priced at the prevailing market rate and the supplier.
Amount Payable to
Name
Bank A/c No
IFSC
Bank Name
Signature
Department/ society
Contact No