



'''k-d`-v-i-&jk"V^ah; yhph vuqla/kku ds

ICAR-NATIONAL RESEARCH CENTRE ON LITCHI

eq'kgjh iz{ks=} eq'kgjh eqt[[[Qjiqj] ¼fcgkj½

Mushahari Farm, Mushahari, Muzaffarpur- 842002 (Bihar)

Contacts: Ph: 0621-2281160

Fax: 0621-2281162

E-mail: nrelitchi@yahoo.co.in



NEWS PAPER REMBURSEMENT FORM

(This application should be submitted in duplicate for getting the reimbursement from the office)

1	Name of Employees	
2	Designation	
3	Pay Scale	
4	Salary for the month has been	
5	Husband/Wife is working in system. (If yes indicate same)	
6	Any Other	
7	Details of claim	

Months	Name of hawkers and paper purchased	Bill Amount (Rs)	Amount of 15% as Residual cost	Net Amount subject to the max. Rs. 85.00

Encl: Cash Memo Supplied By Vender

(Signature of Employee)

Dated: _____

(FOR OFFICE USE)

Bill Pass for Rs. _____ (Rupees _____ only)

Drawing & Disbursing Officer
NRC for Litchi, Muzaffarpur