



भारतीय सूचना प्रौद्योगिकी, अभिकल्पना एवं विनिर्माण संस्थान, कांचीपुरम  
Indian Institute of Information Technology,  
Design and Manufacturing, Kancheepuram  
Dean (SR,IC&CE) Office

**REIMBURSEMENT FORM: PRINCIPAL INVESTIGATORS - PROJECT**

**PART - A**

**(For Accounts, Sricce Cell)**

Voucher No.

Date:

Head to be debited :

Signature of Dealing Asst-Accts

**PART-B**

**(To be filled by the P.I)**

Name of the P.I

:

Date of submission:

Project No. / Funding Agency

:

Purpose

:

Reimbursement under head

:

**Consumable/Contingency/Travel/Equipment (Tick appropriate head)**

Amount to be reimbursed

:

Rs.

**(Not to exceed Rs. 25,000/- in a single invoice / bill)**

**Note :**

**Enclosures : Tax Invoices / Cash Bills**

**(No Memo bills & Estimate bills accepted)**

Signature of P.I

**PART `C`**

**Remarks**

Head

Funds Availability: Yes / No

Dealing Assistant, SRICCE Cell

Signature of AR (Sricce)

Dean (SR)

IAO

Registrar

**(For use by Sricce Accts)**

Cheque No & Date: