

**INDIAN INSTITUTE OF TECHNOLOGY INDORE****CLAIM FORM FOR REIMBURSEMENT OF TOLL CHARGES**

Name of the employee _____ Designation _____

Department: _____

Vehicle RC No. _____

Owned by self or Family member

(If owned by family member please give the name and relationship with employees:-)

S.No.	Month/ Period of claim	Vehicle no.	Claim Amount (Rs.)	Remarks (if any)
1				
2				
3				
4				
5				

Note: 1. Copy of RC at first time is enclosed.

2. Original self certified receipt (s) is enclosed

It is certified that :

- i) the vehicle owned by me is used for official commutation purpose for travel from residence to regular place of duty and back, in respect of which reimbursement is claimed.
- ii) the bills for which reimbursement is being claimed have actually been paid by me and has not/will not be claimed from any other source.

Date: _____

Signature : _____.

(FOR OFFICE USE)

Amount claimed Rs. _____

Amount Passed for Rs. _____

Deputy Manager

Manager

AR /DR (FA)

Registrar