



# INDIAN INSTITUTE OF TECHNOLOGY INDORE

## Claim for reimbursement of expenses towards Cumulative Professional Development Allowance (CPDA)

**Name of the Applicant:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Designation:** \_\_\_\_\_ **Claim Period:** From \_\_\_\_\_ to \_\_\_\_\_ (3 year block).

The following is the statement of account for the purchase of stationery/books/travel related to professional work/secretarial/office expenses/computers and related items/ electronic devices required for professional use:

S. No.	Date	Bill/Invoice No. & Name of Supplier/Vendor	Items	Purpose	Amount (Rs)
<b>Total (Rs) :</b>					

Encl. : As above

Date :

**Signature of the Applicant**

**Note: i)** The relevant cash memos are enclosed herewith for reimbursement. Nos. \_\_\_\_\_

**Signature of HoD/Dean (Admin.)/Director**

**(For Administration use)**

- i. Balance available after last claim : Rs \_\_\_\_\_
- ii. Present claim admitted for : Rs \_\_\_\_\_
- iii. Admissible Amount : Rs \_\_\_\_\_
- iv. Net balance available : Rs \_\_\_\_\_

Entered on page no. \_\_\_\_\_ against CPDA A/c of Prof/Dr \_\_\_\_\_  
for the year \_\_\_\_\_ towards international conference/ national conference/contingency.

**Deputy Manager**

**Manager**

**AR/DR**

**Registrar**