**Claim Form for Reimbursement of Newspaper**

[Statement to be furnished on half-yearly basis by the Government Officer to Administration]

|  |  |  |
| --- | --- | --- |
| Name of the Applicant | **:** |  |
| Designation | **:** |  |
| Department | **:** |  |
| Pay Level & Basic Pay (Rs.) | **:** |  |

I hereby certify that I have spent **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** towards purchase of Newspaper(s) for the months of:

1. January - June 20\_\_\_\_

OR

1. July - December 20\_\_\_\_

[Only one option is to be ticked]

I further declare that:

1. The Newspaper(s) in respect of which reimbursement is claimed is/ are purchased by me.
2. The amount for which reimbursement is being claimed has actually been paid by me and has/ will not be claimed by any other source.

|  |  |
| --- | --- |
| **Dated:** | **(Signature)** |

**Details of the Bank Account:**

|  |  |  |
| --- | --- | --- |
| Name of the Bank | : |  |
| Account No. | : |  |
| IFSC | : |  |