**FORM FOR REIMBURSEMENT OF CLAIM FOR NEWSPAPERS BILL**

1. **Name of Officer/Employee**
2. **Designation**
3. **Division in which posted**
4. **Grade Pay**
5. **Period of claim (1st, 2nd, 3rd, 4th quarter)**
6. **Amount incurred for Purchase of Newspapers**

**Date**

**For Processing the Claim**

1. Amount Claimed
2. Amount Admissible for the quarter
3. Amount recommended for reimbursement

**Receipt**

**Received Rs.________ Rupees only**

**Signature**

23.05.2017 Ver 1.0