



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

Saket Nagar, Bhopal (M.P.) – 462020

FORM FOR REIMBURSEMENT OF NEWSPAPER BILLS

To

The Director,
AIIMS Bhopal

Sir,

Please find below the details of my newspaper bills for the month of _____

1. _____ Amount: _____
2. _____ Amount: _____
3. _____ Amount: _____
4. _____ Amount: _____
5. _____ Amount: _____

Total amount (in figures): _____

Total amount (in words): _____

Please find attached: Original /copy of all bills and payment receipts

Thank you.

Yours sincerely,

(Signature)

1. Name: _____
2. Designation: _____
3. Department: _____
4. Employee code: _____
5. Name of Bank: _____
6. A/C No. _____