
SA_Tech_Reimbursement Form

Club / Team Name:	
Budget utilization:	<ul style="list-style-type: none"> ● Registration Cost ● Purchase of Consumable / Non-Consumables / Equipment ● Travel Support ● Others: _____
Budget Allocated:	<ul style="list-style-type: none"> ● Innovation Grant: Dean - Design Innovation and Incubation Office ● Establishment B: Dean - Student Affairs Office ● Institute Support ● Club Funds - Sponsorships / Other sources of fund: _____

S.No:	Description of Items	Quantity	Unit Rate	Total in Rs.
			Total Spent	

Certified that the above information is correct & true to the best of my knowledge and belief and the charges have been actually paid by the club core via the club bank account or PIC bank account. (Please attach the bills and payment proofs)

Team / Club Lead

Professor In-Charge / Faculty Advisor

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Technical Affairs Secretary:	Note:
PIC - Co-Curricular Affairs / Technical Affairs.	Note: Recommended / Not Recommended
Dean - Student Affairs.	Note: Recommended / Not Recommended
Dean - Design Innovation and Incubation:	Note: Recommended / Not Recommended
Accounts: _____ AR/DR/JR Accounts	Note: Funds Availability: Yes / No

Recommended / Not Recommended

Registrar

Approved / Not Approved

Director