

CHHATIISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI
REMUNERATION BILL

Name:.....Designation.....
Institute.....
Contact Address.....
PAN No.....Name of Bank.....
IFSC Code.....A/C No.....Branch.....

S.No.	Date of Visit	Purpose	No of Days	Rate per day	Amount Claimed in ₹.	Remark
Total						
Add Conveyance allowance (Certificate enclosed)						
Total Amount ₹.						

In words ₹ _____

I hereby declare that this bill is being claimed for the first time by me.

Verified By

Signature of the claimant with date

AR/DR (conf) Exam Cell

Passed & Paid R.....	Pre-receipt Received payment of ₹
Vide Cheque No. & Date.....	Vide Cheque No..... Date.....

Signature of the Claimant

Finance Officer

D.A.

Superintendent

A/O