



भारतीय पेट्रोलियम और ऊर्जा संस्थान, विशाखापट्टनम  
INDIAN INSTITUTE OF PETROLEUM & ENERGY, VISAKHAPATNAM

**APPLICATION FORM FOR CPDA REIMBURSEMENT**

Name of the Faculty		Emp Code	
Designation		Block Period	
Department		Financial Year	

Reimbursement Submitted for : Amount Rs. \_\_\_\_\_.

Amount Claiming Under : Academic Fund  Contingency Fund

This is to certify that the above claims are being made (with bills/receipts/details in the attached sheets) and may be reimbursed from the balance available in my CPDA account.

Signature of the Faculty with date

Recommended / Not Recommended forwarded with remarks

Signature of Head of the Department

Date:

**F & A Division**

Balance available as on date: \_\_\_\_\_ Financial Year: \_\_\_\_\_

Academic Fund Rs. \_\_\_\_\_ and Contingency Fund Rs. \_\_\_\_\_

Reimbursement amount entered in CPDA Stock Register vide Page No. \_\_\_\_\_ S. No. \_\_\_\_\_.

Amount shall be reimbursed under: Academic Fund  Contingency Fund

Dealing Assistant

Superintendent (Accounts)

Internal Audit Remarks: Bills checked in Audit for Rs. \_\_\_\_\_

Internal Auditor

Approved / Not Approved

Director / DOFA

Forwarded to F&A for reimbursement of expenses: