

Govt of India  
Ministry of Agriculture & Farmers Welfare  
Deptt. Agriculture, Cooperation & Farmers Welfare

**Application for Reimbursement for Purchase of Office Bag**

**Part-A**

Sl.No.	Particulars	Details
1.	Name of the Official	
2.	Designation	
3.	Complete Office Address	
4.	Pay Level/ Basic Pay	
5.	Instant of Purchase	(Initial/ Subsequent)
6.	Whether the last Issuance / purchase was made three years before?	Yes / No
7.	Amount of Claim (Rs.)	
<b><u>Details of Bills Enclosed</u></b>		
8.	Whether Bill / Cash Memo. is enclosed	Yes / No
9.	Bill / Cash Memo. No./ Date	
10.	Amount of Bill	
11.	Vendor Name	

Signature of the Claimant  
Name  
Designation  
Dated

**Part-B**  
**(To be filled by Estate/ Stores Section)**

<b>Amount Passed for</b>	
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Sign of Estate/ Store Officer