



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय, सैफई, इटावा

Uttar Pradesh University of Medical Sciences
Saifai, Etawah - 206130 (U.P.)

REIMBURSEMENT CLAIM FOR BRIEFCASE

- Duration (Period)
1. Biometric No ID
 2. Name of Officers/Employee
 3. Designation
 4. Bank Account No.
 5. Pay Level
 6. Office/ Section (Place of Posting)
 7. Phone No.

Detail of Expenditure on Briefcase Allowance:

Bill No.	Date	Amount.

(The bill in original is enclosed for reimbursement)

Forwarded

Signature

HOD/Incharge

Undertaking

I hereby declare that the above bill/amount indicated above has not been claimed earlier during the three year.

This bill has been claimed after completion of three years from the date of my last receipt.

Signature

For Office Use

The bill is restricted for the amount of Rs as per office order No. 2609/ UPUMS/Estt.II/2019-20 Dated 27-11-2019.

**(Part-A)
(Account Section)**

Passed for Rs.....(Rs. in words.....)

Asstt. Acctt./JAO

AAO

AO

SAO

F.O.

Criteria for Briefcase Allowance:

The facility of reimbursement on purchase of briefcase/office bag/ ladies bag shall be provided one in 03 years.

Rates of Briefcase Allowance:

Officers/ Officials with monetary limit as follows:-

Level-17	@	Rs. 10,000/-
Level-15&16	@	Rs. 8,000/-
Level-14&14A	@	Rs. 6,500/-
Level-13, 13A1, 13A2 &12	@	Rs. 5,000/-
Level-11,10,9 &8	@	Rs. 4,000/-
Level-7&6	@	Rs. 3,500/-