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## SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW.

### REIMBURSEMENT CLAIM FOR BRIEFCASE

	Duration (Period)		•••••	•••••		
1.	Name of Officer/Employee					
2.	Designation		•••••			
3.	Employee ID		***************************************			
4.	Bank Account No.					
5.	Pay Level		•••••	•••••		
6.	Office/Section (Place of Posting)					
7.	Phone No.					
	Detail of Expenditure on Br	iefcase /	Allowance:			
	Bill No.	Date		Amount.		
	(The bill in original is enclo	sed for r	eimbursement)			
	`		,			
Forwa	rded			Signature		
HOD						
			Undertaking			
				ve has not been claimed earlier		
	I hereby declare that the abothe last three year.	ove bill/a	mount indicated above	ve has not been claimed earlier		
	I hereby declare that the abothe last three year. This bill has been claimed	ove bill/a	mount indicated above	ve has not been claimed earlier ears from the date of my last		
during	I hereby declare that the abothe last three year. This bill has been claimed	ove bill/a	mount indicated above			
during	I hereby declare that the abothe last three year. This bill has been claimed	ove bill/a	emount indicated about	ears from the date of my last		
during	I hereby declare that the about the last three year. This bill has been claimed to the control of the control o	ove bill/a	emount indicated about	ears from the date of my last  Signature		
during receipt	I hereby declare that the about the last three year. This bill has been claimed to the control of the control o	after co	ompletion of three your of Rs	ears from the date of my last  Signature		
during receipt	I hereby declare that the about the last three year. This bill has been claimed it.  The bill is restricted for the	For amount lated 14.0	ompletion of three your of Rs	ears from the date of my last  Signature		
during receipt	I hereby declare that the about the last three year. This bill has been claimed it.  The bill is restricted for the IR/RSD-208/17/1165/2019 declared in the second	For amount lated 14.0	Office Use of Rs	ears from the date of my last  Signature		

<u>Criteria for Briefcase Allowance:</u>
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	<u>@</u>	Rs. 10,000/-			
Level-15 & 16	<u>a</u>	Rs. 8,000/-			
Level-14 & 14A	<u>a</u>	Rs. 6,500/-			
Level-13, 13A1, 13A2 & 12	(a)	Rs. 5,000/-			
Level-11, 10, 9 & 8	a	Rs. 4,000/-			
Level-7 & 6	$\tilde{a}$	Rs. 3,500/-			