

SANSKRUTI SANVARDHAN PRATISHTHAN
EXPENSE REIMBURSEMENT VOUCHER
OFFICIAL EXPENSE CLAIM FORM

Voucher No.:	Date:
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1. DETAILS OF THE APPLICANT

Full Name	
Vibhag / District / Shahar / Prakhand	

2. EXPENSE DETAILS

Sr. No.	Date	Description of Expense	Amount (₹)
1			
2			
3			
4			
TOTAL AMOUNT CLAIMED			₹ _____

Purpose / Details of Institutional Work:

Amount in Words:

No. of Receipts Attached: _____ ☐ Original Receipts ☐ Other Supporting Proof

3. APPLICANT'S DECLARATION

I certify that the above expenses were incurred for institutional work and that the information provided is true to the best of my knowledge. Available receipts / supporting documents are attached.

Applicant's Signature: _____	Date: ____ / ____ / ____
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4. VERIFICATION & APPROVAL — AS PER HIERARCHY

Level	Name / Signature	Date
Prakhand / Shahar Coordinator		
District / Vibhag Coordinator		

5. Final Approval by Prant Committee / Accounts Dept.: ☐ Approved ☐ Rejected

Reimbursement: ☐ Cash ☐ Bank Transfer ☐ UPI	Payment Date:
Accounts Entry No.:	Accounts Signature:

Note: Attach receipts / supporting documents. Approval is subject to the institution's rules.