

PROTECTION OF PLANT VARIETIES & FARMERS' RIGHTS AUTHORITY

CLAIM FOR REIMBURSEMENT OF NEWSPAPER EXPENSES (ONLY)

PASTE SINGLE CASH MEMO/BILL FOR THREE MONTHS

NAME : _____

DESIGNATION : _____

PERIOD FOR WHICH THE : _____

REIMBURSEMENT IS CLAIMED : _____

NEWSPAPER PURCHASED : _____

NAME OF SUPPLIER : _____

AMOUNT PAID : _____

AMOUNT PAID : _____

AMOUNT TO BE REMIBURSED : _____

(After a deduction of 15% of total amount in lieu of cost old newspapers) : _____

Certified that the above expenses have been ----- incurred by me and I have not claimed the reimbursement for the aforesaid period.

(SIGNATURE OF THE OFFICER)

Designation _____

Phone No. _____