



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
Saket Nagar, Bhopal (M.P.) – 462024

**FORM FOR REIMBURSEMENT OF NEWSPAPER BILLS FOR FACULTY OF  
AIIMS BHOPAL**

To

The Director,  
AIIMS Bhopal

Sir,

Please find below the details of my newspaper bills for the month of \_\_\_\_\_

1. \_\_\_\_\_ Amount: \_\_\_\_\_
2. \_\_\_\_\_ Amount: \_\_\_\_\_
3. \_\_\_\_\_ Amount: \_\_\_\_\_
4. \_\_\_\_\_ Amount: \_\_\_\_\_
5. \_\_\_\_\_ Amount: \_\_\_\_\_

**Total amount (in figures):** \_\_\_\_\_

**Total amount (in words):** \_\_\_\_\_

Please find attached: Original /copy of all bills and payment receipts

Thank you.

Yours sincerely,

(Signature)

1. Name: \_\_\_\_\_
2. Designation: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Employee code: \_\_\_\_\_
5. Name of Bank: \_\_\_\_\_
6. A/C No. \_\_\_\_\_

