## VEERATHIRUMAGAN SUNDHARALINGAM ILAINGAR NARPANI MANDRAM THIRUTHERVALAI

EXPENSES					
NAME:				AMOUNT :	
POSITION:				LOCATION:	<b>THRUTHERVALAI</b>
MANDRAM: <u>MAVEERAN SUNDHARALIN</u> GAM ILAINGAR NARPANI MANDRAM					
I hereby confirm that I have incurred the sum of Rs/- (during the period to ) or in the month of on my Mandram Expense as per the below mentioned details.					
Details of Expenditure					
Particulars	Amount	No of bills			
Petrol Bills					
Receipt/Voucher					
Shopping bills					
Stationery Bills					
other Receipt					
Total Claim					
Signature of Member:				DAT	` <u>E:</u>
(For Finance Department only)					
Number of Bills Received			,	Fotal Amount ( Rs)	
Taxable Amount ( If Any )					
				Checked By	/:

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