

EXPENSES		
NAME:		AMOUNT :
POSITION:		LOCATION: <u>THRUTHERV</u>
MANDRAM:	<u>VEERATHIRUMAGAN SUNDHARALINGAM ILAINGAR NARPANI</u>	
<p>I hereby confirm that I have incurred the sum of Rs. _____/- (during the period _____ to _____) , _____ on my Mandram Expense as per the below mentioned details.</p>		
Details of Expenditure		
Particulars	Amount	No of bills
Petrol Bills		
Receipt/Voucher		
Shopping bills		
Stationery Bills		
other Receipt		
Total Claim		
<p>Signature of Member: DATE: </p>		
(For Finance Department only)		
Number of Bills Received		Total Amount (Rs)
Taxable Amount (If Any)		
Checked By: 		

ALAI

MANDRAM

or in the month of

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