ICAR RESEARCH COMPLEX FOR GOA
Indian Council Of Agricultural Research
Ela, Old Goa – 403 402

Sub: Re-imbursement of newspaper bills for the month(s) of _____
_____

In respect of Dr./Shri/Ms_____- regarding.

Placed below is / are the bill / bills for re-imbursement of the expenditure incurred by me on account of newspaper at my residence for the months(s) as detailed below.

Sl. No.	Bill for the month of	Name of the Newspaper	Cost of the Newspaper

It is certified that no claim for the month(s) stated above has been made earlier.

Signature_____
(Name of Officer)_____
Designation_____
Res. Address_____
Tel. No._____