



POORNIMA

COLLEGE OF ENGINEERING

E26

APPLICATION FOR REIMBURSEMENT

Reference: Membership fee of Professional bodies

Session: 20____-20____

Semester: ☐ ODD ☐ Even

Name _____ 4 Digit Employee ID _____

Designation _____ Department _____

Poornima Email ID: _____ Mobile Number _____

Professional Body: _____

Validity: _____

Purpose of Membership: _____

Documents to be attached: 1. Receipt; 2. Any Certificate

Approval by Reporting Officer	<input type="checkbox"/> YES <input type="checkbox"/> No	Date, Name & Signature (within 5 working days)
Recommended for Reimbursement by Reviewing Officer	<input type="checkbox"/> YES <input type="checkbox"/> No For Amount _____	Date, Name & Signature (within 10 working days)
Checked & Verified by Registrar	<input type="checkbox"/> YES <input type="checkbox"/> No For Amount _____	Date, Name & Signature (within 12 working days)
Approved for Reimbursement Accounts	<input type="checkbox"/> YES <input type="checkbox"/> No For Amount _____	Date, Name & Signature (within 15 working days)