

Uniform Reimbursement Declaration

Employee Name

Enter your name

Designation

Enter your designation

Department

Enter department

Employee ID

Enter your employee ID

Claim Period

e.g. FY 2023-24

Date

Uniform Expenses Details

S. No.	Particulars	Bill/Invoice No.	Bill Date	Amount (â‚¹)	Vendor Name
1	Description	Bill No.			Vendor
2	Description	Bill No.			Vendor
3	Description	Bill No.			Vendor
Total Amount (â‚¹)					

Declaration

I hereby declare that the above-mentioned expenses have been actually incurred by me for the purchase of uniform as per the company policy. I have not claimed these expenses previously and submit the attached original bills/invoices for reimbursement.

Employee Signature
(with date)

Department Head/Manager
(with date)

Important Notes

- Attach all original bills/invoices with this form. No photocopies or scanned copies allowed.
- Ensure claim does not exceed the permissible limit as per company policy.

- This form should be submitted within the stipulated time period from the date of purchase.
- Incomplete or false declarations may lead to rejection of the claim and disciplinary action.
- Uniform reimbursement is subject to HR and Finance review and approval.