

# Consolidated Reimbursement Bill

Name of Employee: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Month & Year: \_\_\_\_\_  
Date of Submission: \_\_\_\_\_

## Reimbursement Details

| S. No.            | Date  | Particulars / Description | Bill Number | Amount Claimed (₹) | Remarks |
|-------------------|-------|---------------------------|-------------|--------------------|---------|
| 1                 | _____ | _____                     | _____       | _____              | _____   |
| 2                 | _____ | _____                     | _____       | _____              | _____   |
| 3                 | _____ | _____                     | _____       | _____              | _____   |
| Total Amount (₹): |       |                           |             |                    | _____   |

## Bank Details for Reimbursement

Account Holder Name: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
IFSC Code: \_\_\_\_\_

Signature of Employee:

Authorized Signatory:

## Important Notes

- Attach original bills/invoices for all claims.
- Ensure all fields are duly filled before submission.
- All claims are subject to verification by the Accounts/HR department.
- Bank details must match official records for reimbursement processing.
- Incomplete or incorrect forms may result in delays or rejection of claims.