

BITS, PILANI- K. K. BIRLA GOA CAMPUS

Date: _____

FORM FOR CLAIMING REIMBURSEMENT OF SCHOOL FEES

Name of claimant _____ PSRN _____ Dept/Unit _____

S.No.	Name of ward(s)	Name of school	Standard	Fees for (months)	Amount claimed(₹)	
					Admission Fee	Tuition Fee *
1						
2						
3						

*** Includes tuition fee, science fee, examination fee, computer fee , magazine fee and development fee.**

Total : ₹ _____

Signature of the claimant

- (a) Total amount sanctioned for reimbursement :
(b) Amount already reimbursed :
(c) Amount to be reimbursed now :
(d) Balance amount for reimbursement :

Deputy Registrar

(for use in Accounts)

Reference of the reimbursement of school fees register: Page No. _____ Sl. No. _____ The claim verified and found to be in order for ₹ _____ (Rupees _____ only)

Amt. already claimed . ₹ _____ Balance after deducting present claim ₹ _____.

Head Accounts