TO,

THE ACCOUNTS OFFICER
CASH SECTION, AIIMS
NEW DELHI.

SUBJECT: **REIMBURSEMENT OF LRA BILLS FOR THE YEAR_____**

SIR/MADAM,

I, the undersigned, request you to kindly reimburse my LRA bills as detailed below:-.

Employee's Details		
1.	Name	
2.	Designation	
3.	Department/Section	
4.	Phone No./Mobile No./Extn.	
5.	Salary /Employee code	
6.	Bank Account No.	
7.	PFMS NO./UNIQUE ID (WRITTEN ON PAYSLIP)	

Details of the Items purchased under LRA			
Sr.No.	Date of Purchase	Details of Item purchased	Amount (Rs.)
	TOTAL:		

The original bills for the above purchases are attached herewith.

Signature:
Designation:
Dated:

* Bill/bills may be self certified that "This item used for Academic/ Professional use only".