**REQUEST FOR REIMBURSEMENT OF EXPENSES**

**INCURRED DURING IN-HOUSE / OUT-HOUSE COURSES**

***Note: 1) all fields marked with an (\*) asterisk are mandatory. 2) Fill in capital letters only.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | | Date: | |  | | | | | | | |
| Emp. No. | |  | | | | | Rank: | | |  | | | | Last Vessel: | | | |  | | | | | |
| ***(Please note cheque will be dispatched to below mentioned address, if NEFT fails)*** | | | | | | | | | | | | | | | | | | | | | | | |
| **\***ADDRESS: | | | |  | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | District: | | | |  | | State: | |  | | | | | | | |
| Pin Code: | | | |  |  |  | |  |  | |  | Mobile No.: |  |  |  |  |  | |  |  |  |  |  |
| **\***Email id: | | |  | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Course attended** | **From** | **To** | **COURSE FEE (IF APPLICABLE ATTACH ORIGINAL RECEIPT)** |
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|  |  |  |  |

|  |  |
| --- | --- |
| **DETAILS OF CONVEYANCE**  **(Attach original Receipt / Bill)** | **Amount (Rs.)** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Grand Total** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **\***Beneficiary Name (Name as required on cheque): | | | | | | | | | | | |  | | | | | | |
| **\***Account No: | |  |  |  |  |  |  |  |  |  |  | |  |  |  | |  | (Saving / NRO a/c only) |
| **\***Bank Name: |  | | | | | | | | | | | **\***Branch: | | | |  | | |
| **\***IFSC Code: | |  |  |  |  |  |  |  |  |  |  | |  |  | | | | |
| ***Please attach cancelled cheque of above mentioned bank a/c.*** | | | | | | | | | | | | | | | | | | |
| Signature of Participant | | | | | Checked By:  Date: | | | | | | | | | | | Authorised By:  Date: | | |
|  | | | | | | | | | | | | | | | | | | |
| ***Claims cannot be processed without supporting Receipts / Bills*** | | | | | | | | | | | | | | | | | | |
| 1) Please submit this form duly completed within 15 days of completion of training with all original supporting receipts to respective MOLMI branch office.  2) In case of delayed receipt beyond one month, such re-imbursement claims will not be paid.  3) Claim will be processed after due verification and will be remitted to the bank account as mentioned in the field provided above by electronic transfer.  4) Remittance confirmation will be sent by email. | | | | | | | | | | | | | | | | | | |