



**TRAVEL EXPENSES REIMBURSEMENT FORM**  
(FOR ATTENDING PLACEMENT DRIVE IN PLACES OUTSIDE NIT MIZORAM)

**OFFICE OF THE TRAINING & PLACEMENT  
NATIONAL INSTITUTE OF TECHNOLOGY MIZORAM**

Reimbursement form submitted by Sri/Smt _____
Enrolment No _____ Branch _____ Year/Semester _____

**It is certified that \_\_\_**

- The expenditure has been made only for the purpose for which it is intended to.
- The expenditure statements with other supportive documents and bills submitted has been prepared and scrutinised thoroughly by student's coordinator (s). The Student's coordinator (s) is/are required to certify the submitted bills. For any discrepancy related to calculation or any other matter, the student's coordinator will stand responsible and would be liable for re-submission/correction of reimbursement form, wherever applicable.
- The office of the Training & Placement will thoroughly examine the submitted bills / documents. The Bills not admissible for reimbursement must be discarded straightway.

**All relevant particulars are as follows:**

1. Placement Drive: From To \_\_\_\_\_ At \_\_\_\_\_
2. Conducted by (company name): \_\_\_\_\_
3. Type of Placement Drive \_\_\_\_\_
4. Date of submission of bills \_\_\_\_\_

**Signature of Student**

- \*Name in Full \_\_\_\_\_
- \*Branch \_\_\_\_\_
- \*Semester \_\_\_\_\_
- \*Enrolment No \_\_\_\_\_

**Counter Signature (Student's Coordinator)**

- \*Name in Full \_\_\_\_\_
- \*Enrolment No \_\_\_\_\_
- \*Branch \_\_\_\_\_
- \*Contact No \_\_\_\_\_
- \*Email: \_\_\_\_\_

Enclosed \_\_\_\_\_  
Nos. of bills \_\_\_\_\_  
Date: \_\_\_\_\_



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**Payment Details** (To be filled up by concerned student in his own handwriting)

Amount admissible for reimbursement is to be directly credited to Sri/Smt \_\_\_\_\_  
\_\_\_\_\_ in his/her bank details furnished below

Account Name	:
Account Number	:
Bank Name	:
Branch Name	:
IFSC Code	:
Signature of Student	

**For T & P office Use only**

Certified that the bills submitted by the student has been checked and found correct. This is forwarded for kind perusal and approval please.

Name of Student & Enrolment No	Amount Claimed (₹)	Amount Admissible (₹)	Bank A/C No

Date:  
Signature

Signature

Dealing Assistant /  
T & P Assistant

Dr. Bachu Deb  
FIC-T&P  
NIT Mizoram