



Format of Reimbursement of Hotel Charges

KENDRIYA VIDYALAYA SANGATHAN

SELF-DECLARATION CERTIFICATE

(FOR LEVEL 8 AND BELOW)

I.....(Name of employee with designation) certify that RShas been paid by me towards the hotel charges as per details given below :-

1. Name of Employee :

2. Designation :

3. Pay Level & Basic :

4. Kendriya Vidyalaya :

5. Name of Dwelling

With Address :

6. City Name :

7. Period Of Stay

& Total Days :

8. Per Day Charges :

9. Total Amount Paid :

Signature of Employee (with Date)



Format of Food Bill/ DA Reimbursement

KENDRIYA VIDYALAYA SANGATHAN

SELF-DECLARATION CERTIFICATE

(FOR LEVEL 8 AND BELOW)

I.....(Name of employee with designation) certify that RShas been paid by me towards the Food Bill/ DA as per details given below :-

1. Name of Employee :

2. Designation :

3. Pay Level & Basic :

4. Kendriya Vidyalaya :

5. Period Of Absence :

From

To

8. Total No. Of Days :

**9. Total Amount Claimed
Towards Food Bill/DA :**

@_____

Signature of Employee (with Date)



Format of Reimbursement of Travelling charges

KENDRIYA VIDYALAYA SANGATHAN

SELF-DECLARATION CERTIFICATE

(FOR LEVEL 8 AND BELOW)

I.....(Name of employee with designation) certify that RShas been paid by me towards the Travelling Charges (Within a city) as per details given below :-

1. Name of Employee :

2. Designation :

3. Pay Level & Basic :

4. Kendriya Vidyalaya :

5. Journey Details :

Sl No.	Date	From	To	Type of Vehicle (Car/Taxi /Auto/Etc	Vehicle No.	Total distance (in KM)	Amount Paid
01							
02							
03							
04							
05							
06							
07							
08							
09							
10							

Signature of Employee (with Date)