

REIMBURSEMENT CLAIM FORM



To
Chairman,
Students and Engineering Education Board
SAEINDIA
No 1/17Ceebros Arcade, 3rd Cross, Kasturba Nagar
Chennai -600020
Telefax : 91-44-24411904
Phone : 91-44-42152280
E-mail : hfa@saeindia.org, ddg@saeindia.org

Sir,
Warm greetings.
As prescribed by *SAEINDIA* Management Committee, the *SAEINDIA* Collegiate Club of..... (Name of College) has been formed with..... student members. (Number of student members must be 50 or more). We, the two faculty advisers, are *SAEINDIA* members with membership numbers and respectively, and are jointly operating the account opened in the name of "*SAEINDIA* COLLEGIATE CLUB of (Name of the College), in the..... (Name of the Bank) ** branch with Account Number.....

Kindly arrange to send a Cheque towards the reimbursement due to us for the year-----to----- enable us to utilize the same for *SAEINDIA* Collegiate Club activities of our College. We are attaching the audited statement of account for the year to for receiving our reimbursements from *SAEINDIA*.

Thanking you
Yours sincerely,

For *SAEINDIA* Collegiate Club of.....

1.....
(Faculty adviser) Signature
Name in Block Letters:

2.....
(Additional Faculty Adviser) Signature
Name in Block Letters:

Place:

College Seal:

Date:

** Any Nationalised Bank
Please fill up the reimbursement form completely and send it along with the new and renewal applications

For further details please contact:
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