



REIMBURSEMENT CLAIM FORM

SAEINDIA
1/17 Ceebros Arcade, 2nd Floor, 3rd Cross
Kasturba Nagar, Adyar, Chennai - 600 020

Sir,

Warm greetings.

As prescribed by SAEINDIA Managing 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 will be jointly operating the account opened in the name of

"SAEINDIA COLLEGIATE CLUB of (name of the College), in the (name of the Bank) ** with(Account Number).

Kindly arrange to send a cheque towards the reimbursement due to us for the Financial Year.....to.....enable us to utilize the same for our SAEINDIA Collegiate Club activities of our College. We will furnish the audited statement of account for the year in due course for receiving our subsequent reimbursements from SAEINDIA in future.

Thanking you

Yours sincerely,

For SAEINDIA Collegiate Club of.....

1.....

2.....

(Faculty adviser)

Signature(Additional Faculty Adviser)

Signature

Name in Block Letters:

Name in Block Letters:

Place:

Date:

** Any Nationalized Bank

Please fill up the reimbursement form completely and send it along with the first page copy of Club account passbook.

For further details please contact:

SAEINDIA

1/17 Ceebros Arcade, 2nd Floor, 3rd Cross
Kasturba Nagar, Adyar, Chennai - 600 020

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