



## Claim Form for Grant of Travel/ Accommodation Assistance /Reimbursement

|          | e President,<br>sociation for Computing M   | achinery,  |                |                                  |            |
|----------|---|--|----------------|----------------------------------|------------|
| Su       | b: Grant of Travel Assistand  | ce / Reimbursement   |                |                                  |            |
| Sir      |   | only for grant of travel Acc   | rommodation as | sistance/reimbursement of Rs     | /- (Rupees |
|          |   | _  | attending the  |                                  |            |
|          |   |  | (write         | e name of the event attended) at |            |
|          |   | of event), India.  |                |                                  |            |
| 1.<br>2. | Name of the Claimant Status / Category  | : ACM Office Bearer/ Council member/ Chapter Representative/ Event Organizers/ Speaker/ Invitee / Delegate / Other (Pl. mention) |                |                                  |            |
| 3.       | Address for correspondence  |  |                |                                  |            |
| 4.       | Email ( <u>Legible</u> As it will be used for Bank transfer)                                      |  |                |                                  |            |
| 5.       | Telephone Number  | :  |                |                                  |            |
| 6.       | Cell Phone No.  |  |                |                                  |            |
| 7.       | Particulars of Travel   | : Date   | F              | From :                           |            |
|          |   | : Date   | ٦              | Го:                              |            |
| 8.       | Particulars of Bills/<br>Supporting submitted,<br>if any  |  |                |                                  |            |
| 9.       | Bank Account Details (Payment will be transferred online by NEFT within 15 days to this Bank A/c) | Name of the Bank:  |                |                                  |            |
|          |   | Name & Address of the Branch:  |                |                                  |            |
|          |   | Title/Name of the Account:   |                |                                  |            |
|          |   | Type of Account :  |                |                                  |            |
|          |   | Account No.:   |                |                                  |            |
|          |   | IFSC Code:   |                | MICR Code:                       |            |
|          | Thanking You, Yours faithfully, (Sign & Name:   | ned / Not Sanctioned :   |                |                                  |            |
|          |   | oningPrepared by Delive  |                | )                                |            |