

FORM FOR PROCESSING OF CLAIMS FOR REIMBURSEMENT OF EXPENDITURE ON ACCOUNT OF CHILDREN'S EDUCATION ALLOWANCE.

1	Name and Designation of official	:	
2	Name of Deptt./Section where posted	:	
3	Name & relations with Children from whom claims made	:	
4	Name & address of School	:	
5	Name of Authority under which school is authorized/recognized (like CBSE/other Board)	:	
6	List and no. enclosures	:	
(To be attached separately giving details of Bill No. date and the period for which paid or claimed etc.)			
7.	Column 1,2,& 3 in the table below to be filled by applicant and other columns by Admn./office)		

S.No	Description of expenditure	Amount spent/paid as per bill/cash memo attached	Amount admissible for reimbursement
1.	Tuition Fee		
2	Admission Fee		
3	Laboratory Fee		
4	Special Fee (for Agriculture /Electronics/ Music/ any other subject fee charged for practical work under programme of work experience)		
5	Fee Charged for practical work under programme of work experience.		
6	Fee paid for use of any aid/ appliance		
7	Library Fee		
8	Games/sports fee		
9	Fee for extra curricular activities		
10	Cost of one set of text/books/ two sets of uniform/one set of school shoes for the year.....		
Total (`)			

Certificate: I certify that the above claims are correct and my husband/wife is not employed/ employed in any Govt. Office and that he/she is not entitled for CEA he/she is entitled but has not claimed for the above expenditure.

Date:

Signature of Applicant Official

Forwarded for consideration

Date:

Signature of HOD/Sectional Head

The claim of the above official has been checked and the amount of ` as indicated in the last column of the above table is reimbursable as per rules. It is therefore, proposed to reimburse `to the above named official.

Dealing official

Section Officer

Administrative officer

To

The Registrar (NIEPA)