

**IPS-08**  
**EXPENDITURE CLAIM FORM**  
**INDIAN PHARMACOLOGICAL SOCIETY**  
**(To be returned to the Finance Secretary)**

**Name :** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address for correspondence:** \_\_\_\_\_

**Phone: (O)** \_\_\_\_\_ **(R)** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Status in IPS:** \_\_\_\_\_

**Claiming Details:** \_\_\_\_\_

**Expenditure Details -Total Amount:** \_\_\_\_\_  
(Submission of original bills, invoice etc.,)

**Declaration:**

I \_\_\_\_\_ hereby declare by the above amount is not been claimed from any other agency.

\_\_\_\_\_  
**Signature**

**Received Rs.** \_\_\_\_\_ **from Finance Secretary towards** \_\_\_\_\_

\_\_\_\_\_  
**Signature**