

**ANNEXURE-12**

**CENTRAL BOARD OF SECONDARY EDUCATION : DELHI**  
**SHIKSHA KENDRA,2, COMMUNITY CENTRE, PREET VIHAR, DELHI-110092.**

Certified that I have incurred an expenditure of Rs.....during the month of .....  
towards the Newspaper as per receipt/bill enclosed. The amount of this claim may please be reimbursed to  
the undersigned as per office order No. Admn. I/95/68/8497-557 dt.17.10.95.

SIGNATURE \_\_\_\_\_

NAME OF THE EMPLOYEE \_\_\_\_\_

DESIGNATION \_\_\_\_\_

BRANCH \_\_\_\_\_

NB :

1. The bill may please be verified by the concerned officer.
2. Please submit the bill upto the first week of the month.