**OVERTIME REIMBURSEMENT**

Date: --------------

**Subject: Approval for Overtime Reimbursement**

It is submitted that the purchase of mentioned items has been completed for the purpose.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Description With Purpose** | **Quantity** | **Amount (PKR)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Grand Total:  |  |  |
| Amount in Words: |

**Note**: {Original Receipts and detail summary must be attachedwith form}

**Mode of Payment**: Cross Cheque

All the codal Formalities have been met.

**Submitted by:** **Recommended by (H.O.D)**

Signature& Date: ------------------------ Signature& Date: --------------------

Name:------------------------- Name: --------------------

Designation: ------------------------- Designation:---------------------

**{For Official Use Only}**

Approval for the payment of above mentioned amount by the competent Authority is solicited.

**Checked by: Verified By:**

Signature & Date: ---------------------- Signature & Date: -------------------------

Name: --------------------- Name: -------------------------

Designation **Assistant Program Officer** Designation: **Deputy Treasurer**

**Approved By:**

 Signature & Date: **-----------------------**

 Name: **Prof. Dr. Saleem Farooq Shoukat**

 Designation: **Director**