

International Institute of Management Sci -(15-16)

YASHASWI EDUCATION SOCIETY

Chinchwad

PUNE

State Name : Maharashtra, Code : 27

Payment Voucher

No. : 125

Dated : 22-Aug-2018

| Particulars   | Amount     |
|---|------------|
| Account :<br>VANDANA MOHANTY  | 1,000.00   |
| Through :<br>Cash   |            |
| On Account of :<br>being amount paid for Faculty<br>development program |            |
| Amount (in words) :<br>INR One Thousand Only                            |            |
|   | ₹ 1,000.00 |

Receiver's Signature :

Authorised Signatory



Date :- 13 July 2018

To  
Dr. Milind Marathe  
Director IIMS,  
Chinchwad Pune

**Subject:** Application for Reimbursement of Faculty Development Program Fees

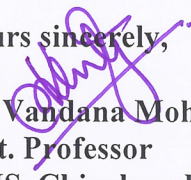
**Respected Sir/Madam,**

I am writing to request the reimbursement of the fees Rs 1000 for the Faculty Development Program I attended at Dr. D Y. Patil Centre for Management and Research, Pune, from 06 July to 11 July 2018..

I kindly request you to process the reimbursement at your earliest convenience.

Thank you for your consideration.

Yours sincerely,

  
Dr. Vandana Mohnaty  
Asst. Professor  
IIMS, Chinchwad

