

Collegiate Club Reimbursement

- ❖ To claim Collegiate Club reimbursement, fill the reimbursement form (to be downloaded from saeindia.org) and send it along with the first page copy of Club account passbook and cancelled cheque leaf.
- ❖ The reimbursement amount will be strictly sent only to : SAEINDIA Collegiate club (The collegiate club's name) and a Bank account in such name should be opened and operated by two faculty advisors.
- ❖ The reimbursement shall not be made to any other account including that of the college and personal account.
- ❖ If any collegiate club fails to claim the reimbursement within 1 year from the end of the relevant financial year, the amount outstanding shall be transferred to the section to which the collegiate club pertains for conducting student activities. After 2years the collegiate club has to claim the amount from Sections.
- ❖ Collegiate Club Reimbursement can be claimed at the end of the financial year. After receiving the respective form & club account details, within 2 weeks' time, amount will be transferred through RTGS to the club account.



REIMBURSEMENT CLAIM FORM

SAEINDIA
1/17 Ceebros Arcade, 2nd Floor, 3rd Cross
Kasturba Nagar, Adyar, Chennai - 600 020

Sir,

Warm greetings.

As prescribed by SAEINDIA Managing Committee, the SAEINDIA Collegiate Club of (name of College) has been formed with..... student members.(Number of student members must be 50 or more). We, the two faculty advisers, are SAEINDIA members with membership numbers..... and respectively, and will be jointly operating the account opened in the name of "SAEINDIA COLLEGIATE CLUB of (name of the College), in the (name of the Bank) ** with(Account Number).

Kindly arrange to send a cheque towards the reimbursement due to us for the Financial Year.....to-.....enable us to utilize the same for our SAEINDIA Collegiate Club activities of our College. We will furnish the audited statement of account for the year in due course for receiving our subsequent reimbursements from SAEINDIA in future.

Thanking you

Yours sincerely,

For SAEINDIA Collegiate Club of.....

1.....

2.....

(Faculty adviser)

Signature(Additional Faculty Adviser)

Signature

Name in Block Letters:

Name in Block Letters:

Place:

Date:

** Any Nationalized Bank

Please fill up the reimbursement form completely and send it along with the first page copy of Club account passbook.

For further details please contact:

SAEINDIA

1/17 Ceebros Arcade, 2nd Floor, 3rd Cross
Kasturba Nagar, Adyar, Chennai - 600 020
Phone : 044 - 24411904, 044 - 42152280
E-mail : hfa@saeindia.org