## AUTHORISATION LETTER

I			hereby			authorize	
Shri/Smt/Ku	m						
Designatiuon			AEES	whose	specimen	signature is	
attested	below	to	1	receive	the	cash	
Rs						from	
Accounts					payı	ment of	
Temp.Advanc	e/Imprest/o	ther misc	ellaneo	ous expe	nses.		
					Signatuı		
					:e		
					Name		
					Desig:		
Specimen sign	nature of						
Shri/Smt/Ku	m	•••••					
(Signature) Attested							
Name							
То							
The Accounts AEES	Officer						
		RE	<u>CEIPT</u>	<u>-</u>			
Received o	eash Rs	(Rt	upees _				
	only)	from Acc	counts	Officer,	AEES tow	vards	
payment of re	eimbursemer	nt of medi	cal exp	enses.			
		S	Signatu	re:			
		N	lame:_				
		Γ	Designa	ition:			