

**CENTRE FOR PROFESSIONAL DEVELOPMENT EDUCATION**

**ANNA UNIVERSITY, CHENNAI – 600 025**

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**SALARY CLAIM BILL FOR THE MONTH OF \_\_\_\_\_ 2012**

1. Name of the Centre/Department/Section :
2. Name of the Staff :
3. Designation :
4. Name of Bank and Account No. :
5. Period of Appointment : From..... To.....  
(Proc.No. & Date)
6. Date of Joining :
7. Details of Wages Claimed :  
Wages per day x No.of days : Rs.  
Incentive : Rs.  
Lumpsum : Rs.  
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Total : Rs.  
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8. Leave Particulars:
  - a. Number of days of leave taken during this month :
  - b. Number of days eligible for claiming salary :

Certified that the wages for the period from \_\_\_\_\_ to \_\_\_\_\_ has not been claimed by me before. In case any excess payment in this bill is noticed later, I undertake to refund the same immediately on demand.

**Signature of the Staff**

Recommendation of Head of the Department :

Recommended / Not Recommended.

**Signature of the Head of the Department**