



BENGAL CULINARY ASSOCIATION

Empowering Culinary Arts • Hospitality • Skill Development • Social Welfare

Registered under Section 8 of the Companies Act, 2013 | Ministry of Corporate Affairs, Government of India

CIN: U88900WB2024NPL270122 | PAN: AAMCB5395E | TAN: CALB26091C

EXPENSE REIMBURSEMENT FORM

Bengal Culinary Association | Public Website Form

Form No.

BCA/FORM/FIN/001

Version

Version 1.0 - Public Copy

Effective Date

01 April 2026

Use this form only for pre-approved BCA expenses supported by bills, vouchers, and payment evidence. Reimbursement is subject to approval and finance verification.

CLAIMANT DETAILS

Claimant Name _____ BCA Role / Department _____

Mobile Number _____ Email ID _____

Event / Project / Chapter _____ Approval Reference, if any _____

EXPENSE DETAILS

Date	Particulars	Vendor / Payee	Bill No.	Amount Rs.

Total Amount Claimed Rs. _____ Amount in Words _____

PAYMENT DETAILS

Bank Account Name _____ Bank Name _____

Account Number _____ IFSC Code _____

UPI ID, if applicable _____ Preferred Payment Mode _____

ATTACHMENTS AND APPROVAL

Page 1



REGISTERED OFFICE:

Jamalpur, Mukshimpura
Purbasthali Purba Bardhaman
West Bengal, India - 713513



M: +91-7001131885



E: info@bengalculinaryassociation.com



Website: www.bengalculinaryassociation.com

*Cooking is an Art...
We Nurture the Artists*



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EXPENSE REIMBURSEMENT FORM - Continued

Bengal Culinary Association | Public Website Form

Tick documents attached:

☐ Original bills / invoices

☐ Prior approval copy

☐ Travel tickets, if any

☐ Payment proof

☐ Event/project proof

☐ Vendor details

DECLARATION AND SIGNATURE

Declaration:

I certify that the above expenses were actually incurred for approved BCA work and have not been claimed earlier. I understand that reimbursement is subject to verification and approval.

Applicant Signature _____ Date _____ Place _____

For Office Use - Received By _____ Status / Remarks _____

FINANCE / APPROVAL USE ONLY

Verified Amount Rs. _____ Approved Amount Rs. _____

Verified By _____ Approved By _____ Date _____



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