

CBSWF Contribution Reimbursement Form

The President
City Bus Service Welfare Fund
City Bus Service
Thimphu

Subject: Application for Reimbursement of Staff Welfare fund contribution.

Sir,

I, Mr./Mrs./Ms. have resigned/retired from the service/membership with effect from vide office order No..... Dated.

Therefore, I would like to request you to kindly sanction the reimbursement of my contribution for months from to

A photocopy of my office order is attached herewith for your references.

Submitted for kind approval.

Yours Sincerely,

(Signature)
Name:
Designation:
Address:
Date

OFFICE USE ONLY

Verified by the undersigned that the above applicant has resigned/retired from the City Bus Service, therefore, it is hereby recommended that the reimbursement of his/her contribution for..... months may kindly be sanctioned.

(Secretary)

Verified and found that the reimbursement of contribution is for months. Therefore, a sum of Nu. may kindly be sanctioned.

(Treasurer)

Approved/ Not Approved

(President)