

¹[FORM SBY-05

Order sanctioning/rejecting claim of reimbursement

Order No.:

Date:

To

_____ (SBY-UIN)

_____ (Name of institution)

_____ (Address)

Acknowledgement No. Dated.....< DD/MM/YYYY >

Order for reimbursement/rejection under the Seva Bhoj Yojna Scheme

Sir/Madam,

This has reference to your application for reimbursement of tax under the Seva Bhoj Yojna Scheme.

Upon examination of your application, the amount of reimbursement sanctioned to you is as follows:

Sl. No.	Description	Central Tax	Integrated Tax (50% of the Integrated Tax paid)	Total
1.	Amount claimed			
2.	Amount sanctioned			
3.	Amount rejected			
4.	Reason(s) for rejection, if any			
5.	Net amount to be paid to the claimant			

I hereby sanction an amount of Rs. _____ to M/s _____ having SBY-UIN _____ as the amount of central tax and centre's share of integrated tax to be reimbursed under the Seva Bhoj Yojna Scheme, out of a total amount of Rs. _____ claimed vide application no. _____ received in this office on _____, for the claim period _____. The amount payable will be debit able to the Functional Head '*****' under Grant No..... of Ministry of Culture for the Financial Year....., under which the budget has been authorized by the Ministry of Culture to the Central Board of Indirect Taxes and Customs, Department of Revenue, Ministry of Finance.

I hereby reject an amount of Rs. _____ from the said claim amount for reasons elaborated at Sl. No. 4 of the table above.

Date:

Place

Signature :

Name:

Designation:

Office Address:]