Form: S&P 03

Adjustment of Advance

Account Head: **Date:**

Institute A/c														
R & D Project No.														
Contingency		Consumables		Non- Consumables			Books		others					

1.	Name of the Employee	
2.	P F No & Designation	
3.	Advance Ref. No. & Date	
4.	Bank A/c No.	
5.	**Payment**/Reimbursement to be made in the name of	
6	Purpose	

Details of Items Purchased:

SN	Date	Cash Memo / Receipt	Supplier Name	Item Purchased/ Service Provided	Amount (₹)	Stock entry Page No.
Less advance, if any						
Excess amount claimed/Balance deposited: (+/-)						

Certified that the: **(Please tick √ whichever is applicable)**

(a) I am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at a reasonable price. **( ) OR**

(b) This is to certify that spares supplied / service is provided as per the requirements, specification and Terms & Conditions. **( )**

Signature of the Employee	Forwarded & Recommended by Section I/C/ PI / HOD/	Approved as per rules HOD/Registrar/Dean/Director

For the use of F&A office only:

Passed for an Amount of ₹	Rupees	
Assistant/Supdt.(F&A)/AR(F&A)	Internal Audit Officer	DR(F&A)/FO