



Request for payment to party/reimbursement to self/adjustment against advance

Account Head:

Date:

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

1.	Name of the Employee
2.	P F No & Designation
3.	Indent No/Advance No./Ref No with Date
4.	Bank A/c No. and IFSC code
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 details

TOTAL

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	Recommended by Section I/C/Dean	Forwarded & Recommended by DR (ADMIN)	Approved as per rules Registrar/Director
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For the use of F&A office only:

Passed for an Amount of Rs:	Rupees		
Dealing Assistant	Jr. Supdt.(F&A)	Supdt(F&A)/AR(F&A)	Registrar/DR(ADMIN)