



Indian Institute of Science Education and Research Bhopal

Request for payment to party/reimbursement to self/adjustment against 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 Purchase:

SN	Date	Cash Memo / Receipt	Supplier Name	Item Purchased	Amount (Rs.)	Stock entry Page No.
1.						
2.						
3.						
4.						
Total Amount						
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 prices. () **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	Approved as per rules
	Section I/C/ PI / HOD	HOD/Registrar/Dean/Director

For the use of F&A office only:

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