INDIAN INSTITUTE OF SCEINCE EDUCATION AND RESEARCH BHOPAL

(For Purchase Payment not exceeding Rs. 50,000/- per bill)

Department of ……..

Dated: _____

The Director

Please approve reimbursement/payment of Rs. _____ (Rupees _____ only) from _____ (budget head _____) against the bills of M/s _____ _____ for supplying **Consumable/Non-consumable** goods as per details given below:

Sl. No.	**Invoice/Bill No. & Date**	**Item Purchased**	**Amount (Rs.)**	**Deptt./Lab. Stock-Register Page No.**
	Total No. of Bills		**Total Amount**	

It is certified that the purchased items were not available in the lab/Dept. and were needed to fulfill urgent requirement of the project. The items have been recorded in the stock register as above.

Approved for payment

Name:
Emp Code No:

Director

(For office use only)

Voucher No.: _____

Cashier
Please pay Rs. _____ (Rupees _____ only).

Dealing Assistant Suptd. Officer Incharge

Dy. Registrar (F&A)

Paid Rs. _____ (Rupees _____ only)
Vide cheque no. _____ dated _____.

Cashier's Signature