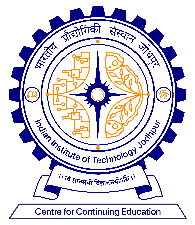
**Indian Institute of Technology Jodhpur**

# **Centre for Continuing Education**

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Request for payment / Reimbursement for Direct Purchase upto Rs. 1,00,000 (Non-available on GeM)) *for “****Non-GFR 2017****” Course Account*

Form No. 23

|  |  |  |  |
| --- | --- | --- | --- |
| Course Account No. |  | | |
| Budget head  **(as applicable)** | (a) Contingency (b) Travel  (c) Consumable (d) Others (Pl. specify)\_\_\_\_\_\_\_\_\_ | | |
| Payment/Reimbursement to be made in the name of |  | P.F. No. |  |
| Bank Name &  Account No. |  | | |
| Payment or Reimbursement |  | | |

**Details of Bills for Payment/Reimbursement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No** | **Invoice/ Bill No.** | **Date** | **Course Register Page No.** | **Goods purchased** | **Amount (Rs.)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** | | | | |  |

1. I am personally satisfied that the goods purchased are of requisite quality and specification, and have been purchased from a reliable supplier at reasonable price.
2. That the reasons quoted for reimbursement are genuine and purchase made from personal resources was unavoidable.
3. That I agree for transfer of reimbursement amount my bank account mentioned above.

Date: Signature of Course Coordinator

Name :

**For CCE Office use**

|  |  |  |
| --- | --- | --- |
| **Passed for an amount of Rs:** | | |
| **Checked** | | **Passed for Payment** |
| **Assistant** | **Superintendent** | **PIC, CCE** |

**Note: As per the existing Rules, individual cash purchase/payment can be made upto the value of**

**Rs. 1,00,000/- only.**