



APPLICATION FOR REIMBURSEMENT/ PAYMENT TO GOODS SUPPLIER OR SERVICE PROVIDER/
ADVANCE ADJUSTMENT *(Please tick)*

HEAD OF ACCOUNT/ BUDGET HEAD (As Sanctioned): _____

NAME OF THE DEPARTMENT/ SECTION/ OTHERS: _____

NATURE OF EXPENDITURE (Recurring/ Non Recurring): _____

Purchase Order/ Work Order/ Indent No: _____ (if applicable) Dated: _____

Sl. No.	Name of the Goods Supplier/ Service Provider	Invoice/ Bill/ Cash Memo No. & Date	Details of Expenditure	Amount	
				₹	P.

Gross Total Payable

Less: Advance Drawn (if any)

NET PAYABLE/ REFUNDABLE (Vide Receipt No..... Dated..... for ₹..... (if any))

In words

PAYMENT TO BE MADE IN FAVOUR OF:
 by Cheque/ DD/ NEFT/ RTGS/ Others

- It has been duly certified and forwarded for payment to the Finance & Accounts Section, which is detailed above along with the supporting Money Receipts/ Voucher/ Bills/ Invoices/ Challans etc. are attached herewith for perusal please (if no prior sanction)*
- The Goods etc. have been duly accessioned in the Budget/Department/Other Stock Register and the Entry Number has been indicated with STAMP on the Bill (S)/ Invoice (S)/ Challan (S) etc. wherever applicable.*
- The Performance Certificate in respect of service provided is attached herewith for perusal please.*
- Declaration as per GFR 2005 has been submitted wherever applicable.*

 Signature of the Employee/Indenter

 Name of the Employee/ Indenter

 Designation of the Employee/ Indenter

 Signature of the Recommending Authority

 Signature of the Sanctioning Authority