THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA

REQUEST FOR ADVANCE

NAME	DESIGNATION	DEPARTMENT/PROJECT

ADVANCE REQUIRED	PURPOSE

I hereby certify that no advance is outstanding in my name as on date.

S I G N A T U R E

Recommendation :

Date : _____

Head, Deptt./School/Centre/Unit/Project

For use in Accounts Section

Verified that no advance in outstanding/Advance of Rs. _____ outstanding in his/her name.

Checked by | A R (F&A) | D R (F&A)

SANCTIONING AUTHORITY

Advanced amount **less than Rs. 15,000/-** (For purchase, travel & Institute Expenses) Date : _____ (Sanctioning Authority) **Dean/Deputy Director**	Advanced amount **more than Rs. 15,000/-** (For purchase, travel, Institute Expenses & for all amount for any other special advance) Date : _____ (Sanctioning Authority) **D I R E C T O R**

N O T E

(a) Shall be paid in cash if advance is less than or equal to Rs. 3,000/-.
(b) Shall be paid through cheque if advance amount is more than Rs. 3,000/-.

Received Cash / Cheque No. [ ] Dated [ ] amounting to Rs. [ ] (Rupees [ ])

S I G N A T U R E

NOTE: Please attach the copy of Travel authorization or copy of purchase indent for request for advance