


THAPAR UNIVERSITY, 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.

SIGNATURE

Recommendation :

Date : _____ Head, Deptt./School/Centre/Unit/Project

For use in Accounts Section

Verified that no advance is 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 & University Expenses)

Advanced amount **more than Rs. 15,000/-**
(For purchase, travel, University Expenses & for
all amount for any other special advance)

Date : _____
(Sanctioning Authority)
Dean/Deputy Director

Date : _____
(Sanctioning Authority)
DIRECTOR

NOTE

- (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]

SIGNATURE

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