THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA

	<u>FORW</u>	<u>ARDING ME</u>	MO FOR BI	LLS & ADJUST	MENT OF TE	MPORARY ADVA	NCE	
01.	Name of Person/Party to whom the advance payment made							
02.	Advand	Advance taken Yes/No Dated Amount Rs						
	Unspent Balance Deposit R. No Dated Amount Rs							
03.	Detail of Bills							
	S.No.	Bill No.	Date	Name of Sup	plier		Amount Rs.	
						TOTAL		
04.	Balanc	e Amount Pa	yable or Re	ecoverable	Rs			
05.	Mention if the bills are to be passed for PAYMENT / ADJUSTMENT							
06.	Name of Person/Party to whom the Balance amount is to paid							
07.	Indicate Chargeable Head(If heads are more than one then prepare summary on separate sheet giving details of head-wise expenses)							
08.	Have you got the necessary entries from Central Store? (Yes/No/Not Applicable)							
CFR		J	,			, ,	,	
*			oproval of th	e competent au	ithority was ta	ken for the evnen	diture and conv	
•	that prior sanction/approval of the competent authority was taken for the expenditure and copy of the same is attached herewith.							
*	that the rates have been verified and as recommended in the comparative statement/ are lowest as available in the market.							
*	the photocopier of comparative statement of the quotations of genuine suppliers duly attest/							
	approved/pre-audited are attached herewith. Verified & Recommended							
	vermeu & Recommendeu							
				_				
Date:	SIGNATURE Name of concerned Official (Signature)							
	Deptt./School/Section/Unit (Head, Deptt.)							
CDAC		ICE TN ACC	OUNT CE	TION				
SPACI	E FOR U	JSE IN ACC	OUNI SEC	IION				
Remarks					Bill Checked & Pass for Rs			
					ees			
					geable Head	·)	
				•	-			
Checke	ed by	A R (IAC)	DR (F	&A) Chec	ked by A.R(I	AC) DR(F&A) A	pproved	
						Д	uth. Signatory	