TIET/CS/FT/16(01)

SURVEY REPORT OF STORES



(WRITTE OFF OF FIXED ASSETS)

Deptt. / School /Centre:						Date:		
Sr. No.	Description of As	sset	Qty (Nos.)	Purchase Value (Rs.) Invoice Details	Deptt. Entry Details (Pg.No/Sr. No/Date of Purchase)	Store Entry Details (Pg. No, Sr. No.)	WDV (Rs.) To be filled by F & A	
1								
2								
3								
Note: Kindly attach list if items are more than 03 Nos.								
Deptt.: Remarks of Head / Write off recommendations:					Signature			
				Name				
					Mobile No.			
Central Stores (Entries Verified):					a.			
					Signature Name			
					Mobile No.			
Department Survey Committee Recommendations:								
Members 1.		1.	2.		3.		4.	
Signa	ature							
Name & Designation								
Moblie No.								
Remarks of Finance Officer								
Considered and approved to write off and dispose the aforementioned assets								
						DIRECTOR		
Forw	arded to FINANCE	E OFFICER for furt	her follow	up and book	adjustments			