**Indian Institute of Technology Kanpur**

#  **Centre for Continuing Education**



Request for payment / Reimbursement for Direct Purchase upto Rs. 50,000 *for “* ***Non-GFR 2017****”*

 *Course Account*

|  |  |
| --- | --- |
| Course Account No. | **IITK/CCE/** |
| Budget head**(as applicable)** |  (a) Contingency (b) Travel  (c) Consumable (d) Others (Pl. specify)\_\_\_\_\_\_\_\_\_  |
| Payment/Reimbursement to be made in the name of |  | P.F. No.  |  |
| Bank Name & Account No. |  |
| Payment or Reimbursement |  |

**Details of Bills for Payment/Reimbursement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No** | **Invoice/ Bill No.** | **Date** | **Course Register Page No.** | **Goods purchased** | **Amount (Rs.)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total**  |  |

1. I am personally satisfied that the goods purchased are of requisite quality and specification, and have been purchased from a reliable supplier at reasonable price.
2. That the reasons quoted for reimbursement are genuine and purchase made from personal resources was unavoidable.
3. That I agree for transfer of reimbursement amount my bank account mentioned above.

 Date: Signature of Course Coordinator

 Name :

**For CCE Office use**

|  |
| --- |
| **Passed for an amount of Rs:**  |
| **Checked** | **Passed for Payment** |
| **Assistant** | **Superintendent** | **Head, CCE** |

**Note: As per the existing Rules, individual cash purchase/payment can be made upto the value of**

**Rs. 50,000/- only.**