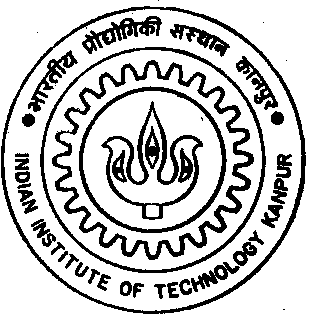
**Indian Institute of Technology Kanpur**

# **Centre for Continuing Education**



**Request for payment of Purchases/ Reimbursement up to Rs. 50000/-**

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

Date: Course Coordinator

**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 up to the value of Rs. 25000/- only. Reimbursement claim of purchase/payment made for more than Rs. 25000/- will not be entertained in any case**