

Centre for Continuing Education Indian Institute of Technology Kanpur

Date :

From

Name :
Course Account No.
Department:

To

Head, CCE
IIT Kanpur

Sub: **Request for closure of Course Account**

The course account no. _____ has been completed. The date of completion was _____. In this context the following information may be noted (*Please tick as applicable*).

1. The course completion report has been submitted to the CCE Office.
2. All advances (Contingency etc) have been settled in the course account.
3. No re-imburement for any payment / expenditure is pending.

In view of the above, the course account may be closed with immediate effect and the final statement of account be prepared.

Course Coordinator

Approved

Head, CCE