



# Bill Clearance Form

## Indian Institute of Technology Kanpur

# A N T R A G A N I



Name of Financial Head:		Reimbursement		Vendor Payment	
Name of respective Core Team Member					
Roll No.		Contact no.			
Reimbursement to be made in the Name of					
Bank Name & A/C Number					

- In case of expenditure below ₹25,000: "I am personally satisfied that these goods purchased are of the requisite quality and purchased from a reliable supplier at a reasonable price "
- In case of expenditure above ₹25,000 and below ₹2, 50,000 The LPC form has to be attached along with this form.

Date	Bill /VR. No	Brief Particulars of Transaction	Amount (In ₹)
		<b>Total:</b>	

To be filled by Finance Convener/ Finance Committee Member:

Balance in Head	Balance in Festival	Verified for ₹:	Remarks (if any):
Head Finance	Gymkhana Office	Finance Convener	Festival Chairman