



Indian Institute of Technology Kanpur Office of the Dean Students' Affairs

Direct Payment Form

| | | | | | | |
|--|---|---------------------------------|----------------------------------|---|--|--|
| Type of Procurement: (Please tick, as applicable) | 1. GFR (up to ₹ 50,000/-) <input type="checkbox"/> | | | 2. Non-Govt Fund (up to ₹ 50,000/-) <input type="checkbox"/> | | |
| Name of Council: | | | Name of Club Coordinator: | | | |
| Name of Club: | | | Mobile No of Coordinator: | | | |
| Budget Head: (Please tick one) | Consumable <input type="checkbox"/> | Travel <input type="checkbox"/> | Misc <input type="checkbox"/> | Non-Consumable <input type="checkbox"/> | | |
| Any other budget head as per sanction letter (Please specify) | | | | | | |

Payment Type

| | | | | | |
|---|------------|--|---------------------|--|--|
| In case of Vendor payment , please fill the following: | | In case of Reimbursement , please fill the following: | | | |
| Vendor Name: | | | P.F. No./ Roll No.: | | |
| Vendor's Bank Details: | Bank Name: | Name: | | | |
| | A/C No: | Reason(s) for the Reimbursement: | | | |
| | IFS Code: | | | | |
| | Branch: | | | | |

Details of the bill(s) submitted for payments/ reimbursement

| SN. | Invoice/ Bill Details | | Stock Register Details | | Details of the goods purchased | Amount (Rs.) |
|---------------------|-----------------------|------|------------------------|----------------------------------|--------------------------------|--------------|
| | Number | Date | Page No. | Stock Type (Cons/ Non-Cons/LTAS) | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| Total Amount | | | | | | |

Declaration:

I am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at the reasonable price. (Rule 154 of GFR 2017).

- 1) That the reasons quoted for the reimbursement are genuine and purchase made from personal resources was unavoidable.
- 2) The total amount be transferred to the beneficiary bank account as mentioned above.

(Chairperson/ President/
General Secretary)

(Finance Convenor)

(Faculty Counsellor)

For Office Use

| | | | |
|---------------------------------------|-----|--|-----|
| Amount (filled by Gymkhana Office) | Rs. | Available Balance (filled by Gymkhana Office) | Rs. |
| Bill Checked | | | |
| Gymkhana Office | | Dealing Assistant (DOSA Office) | |