

Dealing Assistant

Indian Institute of Technology Kanpur Office of Outreach Activities

Direct Purchase Form

Type of Procurement: (Please tick,		1. GFR (up to ₹ 1,00,000/-)									
`	ase tick, oplicable)	2. Non-GFR (up to ₹ 50,000/-)									
Prog Num											
Budget Head: (Please tick only one)			Consumable Contingency Travel Misc Any other budget head as per sanction letter (Please specify)								
Payment Type											
In ca		ndor pa	dor payment, please fill the				In case of Reimbursement , please fill the following:				
Vendor Name:						Nan	ne:				
Vendor's		Bank N	Bank Name:			P.F.	No./ Roll No	o.:			
Bank Details:		A/C No	A/C No:		Bank Name:		k Name:				
		IFS Co	IFS Code:				C No:				
		Branch	Branch:			IFS Code:					
						Branch:					
			Details	of the	bill(s) submitte	d for	payments/	reiml	oursement		
		oice/ Bill Details			Event Stock			Date lle af the same			
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SN.	Inve Numl		II Details Dat		Event Stock Register Page No.		Details of	the go	oods purchased	Amount (Rs.)	
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Sr. Supdt. (SG)

Professor-In-Charge, OOA