



# Indian Institute of Technology Kanpur Office of Outreach Activities

## Direct Purchase Form

<b>Type of Procurement:</b> (Please tick, as applicable)	1. <b>GFR</b> (up to ₹ 1,00,000/-) <input type="checkbox"/> 2. <b>Non-GFR</b> (up to ₹ 50,000/-) <input type="checkbox"/>
<b>Program Number:</b>	
<b>Budget Head:</b> (Please tick only one)	Consumable <input type="checkbox"/> Contingency <input type="checkbox"/> Travel <input type="checkbox"/> Misc <input type="checkbox"/> Any other budget head as per sanction letter (Please specify) .....

### Payment Type

In case of <b>Vendor payment</b> , please fill the following:		In case of <b>Reimbursement</b> , please fill the following:	
Vendor Name:		Name:	
Vendor's Bank Details:	Bank Name: A/C No: IFS Code: Branch:	P.F. No./ Roll No.:	
		Bank Name: A/C No: IFS Code: Branch:	

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

SN.	Invoice/ Bill Details		Event Stock Register Page No.	Details of the goods purchased	Amount (Rs.)
	Number	Date			
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. these goods are not available on GeM.

That the reasons quoted for the reimbursement are genuine and purchase made from personal resources was unavoidable.

### Check off list:

1. The original bill must be attached and should mandatorily include the GST number of Account I.

Signature  
Name:

(Program Coordinator)

### (For Office Use)

Amount:	Rs.
<b>Checked by</b>	<b>Passed for payment</b>
<b>Dealing Assistant</b>	<b>Sr. Supdt. (SG)</b>
	<b>Professor-In-Charge, OOA</b>