



తీయ సాంకేతిక విజ్ఞాన సంస్థ హైదరాబాద్
एरीतय प्रौद्योगिकी संस्थान हैदराबाद
In Institute of Technology Hyderabad

Centre for Continued Education
Indian Institute of Technology Hyderabad
Kandi -502284 , Telangana, India

Temporary Advance/Pay Order (Purchases/ Services)

Voucher No. _____ Date: _____

1. Name of person requesting Temporary Advance : _____
2. Designation and ID : _____
3. Department/Section : _____
4. Name of the event and Dates : _____
5. The following items are required for : _____
: _____

S.No.	Details of items	Quantity	Rate (Rs)	Estimated Cost (Rs.)
Total				

6. Amount of advance requested Rs. _____
(Rupees. _____ only)

7. I certify that:

- (a) The Advance drawn shall be submitted for adjustment within 15 days of Advance drawn failure to do so, may entail recovery of the advance drawn, in a single installment through the next Salary Bill/Scholarship of Employee/Student. Items mentioned above are not available in the Central Stores of IIT Hyderabad.
- (b) The materials requested are required for the said purpose.
- (c) Purchase will be made after ascertaining lowest rates of products of similar quality from at least 3 dealers.
- (d) No advance is pending with me.

Employee Signature

Name:

Faculty in charge Signature

Name:

For CCE Office Use:

Amount of the Fund available for the event: _____ as on _____

Temp. Adv. No. : _____ Date : _____

Approved payment of Temporary Advance of Rs. _____
(Rupees _____ only).

Staff, CCE

Name:

Chair, CCE

Name: Prof Amirtham Rajagopal

Bank Details of the Employee:

Name of Account Holder :
Bank Name & Branch :
Bank Account Number :
IFSC Code :