#

# INDIAN INSTITUTE OF TECHNOLOGY JODHPUR

**Centre for Continuing Education**

**Request for payment for Direct Purchase upto Rs. 50,000/- *for “GFR 2017” projects* for single purchase/items**

Form No. 21

|  |  |
| --- | --- |
| **Course Account No** |   |
| **Budget head****(Tick one)** |  **(a) Consumable (b) Contingency (c) Travel**  **(d) Others (Pl. specify)……………….**  |
| Name and address of the supplier to whom payment is to be made |  |
| Suppliers’ Bank details **\*****(\*in case of Bank details are not available in the Invoice, please provide Cancelled Cheque)** | Bank Name & Address |  |
| Account Holder’s Name |  |
| IFS Code |  |
| Bank Account No. |  |

**Details of Bills Submitted for payments**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No** | **Invoice/Bill No.** | **Date** | **Course Register****Page No.** | **Good Purchased** | **Amount (Rs.)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| **Total Amount** |  |

1. I am personally satisfied that the goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at a reasonable price. (As per rule no. 154 of GFR 2017)
2. That the supplier is agreed for payment amount to be transferred to their bank account (details mentioned above) through RTGS mode with email intimation to me.

Signature of the Course Coordinator

Name :

## Approved for Payment

|  |
| --- |
| **Passed for an amount of Rs:**  |
| **Checked** | **Passed for Payment** |
| **Assistant** | **Superintendent** | **PIC, CCE** |

**Note:**  **As per the existing Rules, individual cash purchase/payment can be made up to the value of Rs. 50,000 only.**