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I.K GUJRAL PUNJAB TECHNICAL UNIVERSITY

REQUEST FOR ADJUSTMENT OF ADVANCE



1. NAME OF EMPLOYEE.....DESIGNATION.....
2. DEPARTMENT.....SECTION/BRANCH.....
3. PURPOSE OF ADVANCE.....
4. AMOUNT OF ADVANCE.....BUDGET HEAD.....
5. DETAIL OF ADJUSTMENT OF ADVANCE(to be filled by claimant):

Sr. No	Dated	Advance No	Particulars	Total Amount	Balance outstanding if any(Amt in Rs)
1					
2					
3					
4					

6. BALANCE DEPOSITED VIDE CR NO.....DATED.....RS.....
7. Balance Amount Reimbursable if claim is in excess of advance.....
8. Total Outstanding after adjustment of advance.....
9. For Direct transfer to bank: Account No.....Bank IFS Code No.....

Signature of Approving Authority
Name.....
Designation.....

Signature of claimant
Name.....
Designation.....

(FOR USE OF ACCOUNT DEPARTMENT ONLY)

Amount to be Adjusted Rs.....

Budget Head.....

Account Head.....

Amount Recommended for Release of Payment (if any).....

Remarks if any.....

Signature of Account clerk/SA

Approved/Not Approved

Assistant Registrar

Deputy Registrar

Finance Officer