



PTU

ਆਈ. ਕੇ. ਗੁਜਰਾਲ ਪੰਜਾਬ ਟੈਕਨੀਕਲ ਯੂਨੀਵਰਸਿਟੀ

I.K GUJRAL PUNJAB TECHNICAL UNIVERSITY



REQUIREMENT PERFORMA

DEPARTMENT.....SECTION/BRANCH.....

| Sr No | Item | Quantity | | | Estimated Cost Rs |
|-------|------|----------|-------------------|-----------------|-------------------|
| | | Required | Already Available | To be purchased | |
| | | | | | |
| | | | | | |
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| | | | | | |

Head of Expenditure.....Consumable/Non Consumable (v)
(As per Budget)

Department Budget Provisions:

Total Budget Allocated Rs Already Utilized Rs Now Available Rs

Purchase method: - Without Quotation/Quotation/ Tender (v) as Applicable

If budget not available then request for allocation /release of additional budget to be sent to account department

Signature of dealing official

Name.....

Designation.....

Signature of Recommending Authority

Name.....

Designation.....

Signature of Approving Authority

Name.....

Designation.....



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SANCTION FOR RELEASE OF BILL PAYMENT



Department.....Section/Branch.....

Budget Head..... Consumable/Non Consumable, financial year.....

The attached bills have been received from M/S.....

. For supply of goods for official use for Rs.....

The bill has been checked on the basis of the following documents, are attached (tick Yes/No)

- I. Approval of Requirement Yes
- II. Tender Yes/NA
- III. 3 Quotation Yes/NA
- IV. 6 Quotation Yes/NA
- V. without Quotation Yes/NA
- VI. Comparative Statement and its Approval Yes/No
- VII. Supply order & its terms & conditions Yes/No
- VIII. Entry of material in Central Stock Register Yes/No
 - Page No-----date----- Yes/No
 - Entry of material in Departmental Stock Register Yes/No
 - Page No-----date----- Yes/No
- XI Bill Verification/Inspection/Report Yes/No

The bill is checked & verified as per purchase rule and submitted for the first time for payment as per Detail given below

| No | Bill No /Invoice No& Date | Supply/Work order No & Date | Bill Amount(Rs) | Deductions if any | Recommended Amount(Rs) |
|----|---------------------------|-----------------------------|-----------------|-------------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

In case of purchase made without Quotation or for single quotation

Undersigned certified that these goods are purchased of the requisite quality and specification and have been purchased from a reliable supplier at a reasonable market price

Payment may be released in favour of For Rs.....

Address.....

For Direct Transfer (Copy of PAN and cancelled cheque should be attached)

Name of Bank.....Address.....

Bank A/c No.....IFS Code.....PAN.....

Submitted for approval for Release of payment

Signature of dealing official
Name
Designation

Approved by
Name
Designation

1. Name _____ (In Block Letters) 2. Father's Name _____
 3. Address:- _____ 4. Contact No _____
 5. Designation _____ 6. Organization _____
 7. Pay Scale/ Consolidated Salary:- _____ 8. Grade Pay _____
 9. Date of Meeting/ Inspection:- _____ 10. Purpose of Meeting & Journey _____
 10. Last Pay Scale & GP If Retired:- _____ 11. E-mail ID _____
 12. Bank A/c No. (For ECS Payment) _____ Bank IFS Code _____

(A) TA/DA/ Local Journey/ Toll Tax etc.

| Departure | | | Arrival | | | Mode of Journey & Vehicle No. | Distance for Road Mileage | | Amount of Toll Tax etc. | Hotel /NON Hotel | Amount (Rs.) |
|--|---------|------|---------|---------|------|-------------------------------|---------------------------|----|-------------------------|------------------|--------------|
| Date | Station | Time | Date | Station | Time | | Own Car/Taxi | Km | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| Please add additional form if required | | | | | | | | | | Total (A) | |

(B) Honorarium (If applicable)

| S. No. | Particulars | Date | | No. of Days | Rate of Honorarium | Total Amount (Rs.) |
|-----------------|-------------|------|----|-------------|--------------------|--------------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
| Total(B) | | | | | | |

(C) Accommodation/ Lodging Claim

| City | Place | Hotel Name & Address | Bill No. | Check In Time/Date | Check Out Time/Date | Room Rent Per Day | No. of Days | Total Amount (Rs.) |
|------------------|-------|----------------------|----------|--------------------|---------------------|-------------------|-------------|--------------------|
| | | | | | | | | |
| | | | | | | | | |
| Total (C) | | | | | | | | |

Grand Total Of A+B+C

Certified that:-

- (i) Particulars provided herewith are correct & that I have not claimed TA/DA for this Journey from any other Public Source and bill is submitted first time.
 (ii) I was not provided free lodging and/or boarding at the cost of Govt. /University or any autonomous body if provided please attach Boarding/ Lodging/ Both Bills.
 (iii) Certified that I shall perform the return journey from _____ To _____ in _____ class.
 (iv) Certified that the I have travelled by shortest route and I will perform return Journey by same route and.....mode of Conveyance/ as claimed andmode of conveyance.

The above Meeting/ Journey claim is verified to be true & correct.


Signature of Claimant
Verified By-
Sign. & Name of Officer (Concerned Department)
For Use by Accounts Office Only

Head of Account:- _____ Passed for RS..... /-

Or return in original with remarks as attached

Dealing Clerk/SA

Assistant Registrar

Dy. Registrar

Finance Officer



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REQUEST FOR ISSUE OF ADVANCE

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

| Advance No | Dated | Purpose | Status | Amount | Balance outstanding if any(Amt in Rs) |
|------------|-------|---------|--------|--------|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

6. Total Outstanding Before Issue of Current Advance.....
7. Total Advance including Current advance.....
8. For Direct transfer to Bank Name.....Account No.....Bank IFS Code No.....
9. (New Advance to be forwarded only if Previous outstanding is adjusted or partially adjusted appx 75%)

Signature of Approving Authority
 Name.....
 Designation.....
 Remarks If any.....

Signature of claimant
 Name.....
 Designation.....
 Remarks If any.....

(FOR USE OF ACCOUNT DEPARTMENT ONLY)

Status of previous Outstanding Advance (if any.....
 Amount to be Released.....
 Budget Head.....
 Account Head.....

Signature of Account clerk/SA

Approved/Not Approved/Partially Approved For Rs.....

Assistant Registrar

Deputy Registrar

Finance Officer



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