

- ☐ NIRMA UNIVERSITY  
☐ INSTITUTE OF TECHNOLOGY  
☐ INSTITUTE OF DIPLOMA STUDIES  
☐ INSTITUTE OF MANAGEMENT  
☐ INSTITUTE OF PHARMACY



VOUCHER FOR ADVANCE

Date : \_\_\_\_\_

Please Pay to Shri \_\_\_\_\_ (Contact No.) \_\_\_\_\_ of

Dept. \_\_\_\_\_ Advance of Rs. \_\_\_\_\_

(Rs. \_\_\_\_\_ )

Purpose for Advance \_\_\_\_\_

Approx. date upto which the Vouchers/Details of Expenditure will be submittes against. \_\_\_\_\_

Whether any previous Advance is outstanding Yes/No

If yes Amount \_\_\_\_\_ Date \_\_\_\_\_ Reasons \_\_\_\_\_

Prepared by \_\_\_\_\_

HOD

Sanctioned by  
Designation

Signature of  
Receiver

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