

P.C.F.

Centre for IC & SR, IIT Madras
Chennai – 600 036

NAME

IIR No
(Employee Code)

Dept.

Please debit my PCF A/c noted above and pay to _____

_____ Towards the following (item ticked)

I enclose here with _____ Nos. of original voucher duly

Certified/countersigned.

	AMOUNT Rs.		AMOUNT Rs.
<input type="checkbox"/> Telephone charges	<input type="text"/>	<input type="checkbox"/> National Travel Expense (T.A. Claim with Dean, ICSR approval)	<input type="text"/>
<input type="checkbox"/> Expenditure for support Services (Appl.from Dean, ICSR enclosed)	<input type="text"/>	<input type="checkbox"/> International Travel Expense (T.A. Claim with Dean, ICSR approval)	<input type="text"/>
<input type="checkbox"/> Engagement of Taxi	<input type="text"/>	<input type="checkbox"/> Membership in Professional Bodies	<input type="text"/>
<input type="checkbox"/> Accident Insurance	<input type="text"/>	<input type="checkbox"/> Purchase of Equipment	<input type="text"/>
<input type="checkbox"/> Eqpt. maintenance expenses	<input type="text"/>	<input type="checkbox"/> Purchase of Books/Journals (No accession required)	<input type="text"/>
<input type="checkbox"/> Bdg./Ldg./Entert. expenses of visitors	<input type="text"/>	<input type="checkbox"/> Health Insurance during visit abroad	<input type="text"/>
TOTAL	<input type="text"/>	TOTAL	<input type="text"/>

I certify that

1. Consumable items/Eqpt. Have been taken in to SRB.
2. Personal funds were used for the above.
3. No Claim has been/will be made from any other source.
4. Approval of the Institute obtained for international travel.
5. The bills are in my name.
6. The expenditure incurred above is for the advancement of the project activity only.

SIGNATURE:

DATE:

For Use in the Accounts Section

B.R.NO.		Voucher No. _____	
		Head _____	
Bill No. Date	Particulars	Amount Rs.	
<p>Passed for payment of Rs.</p> <p>Rupees _____</p>			
JPA/D.ASST	ACCT./SUPT	AR(F&A)	DR(F&A) Registrar

For use in Cash Section

<p>Special Instruction to cash</p> <p>Entered in</p>	<p>Paid by cheque No.</p> <p>Date</p> <p>AR(F&A) DR(F&A) Registrar</p>
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