

PURCHASE OF GOODS WITHOUT CALLING QUOTATIONS

(For purchase of goods up to the value of **Rs 15,000/- for Non- R&D Items / Rs. 1,00,000/- for R&D Items**)
(Strike out whichever is not applicable)

REIMBURSEMENT BILL

(To be filled by the Indentor / Project Leader)

1. **Certified** that funds are available under the project to make the proposed purchase.
2. **It is certified that** no previous advance is outstanding in my name. Further I undertake to submit the bill(s) along with other relevant annexure/format within in a month.

Signature of the Indentor
Name & Designation:

Sanctioned a sum of **Rs.** (**Rs.**

under **Project No :** **Budget Head:** **Cash Code:** P99102/ P99103

for the purchase/ repair of

Cashier, NPL may kindly arrange to draw the amount for reimbursement purposes.

Signature of Reporting Officer/ Supervisor
(As Applicable)

Signature of the Sanctioning Authority/Project Leader
Name & Designation:

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(Strike out whichever is not applicable)

- a) “I Shri/Ms. /Dr., am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at a reasonable price”.
- b) “It is further certified that the required item is for specific use of the R&D and will be utilized for the project titled..... (Project No.)”.
- (Strike out whichever is not applicable)**
- c) “It is also certified that the item(s) is/are not available in the Stores.”
- d) It is **certified** that the procurement/ repair was very urgent and immediate nature which necessitated such purchase/ repair and expenditure made out of my own pocket”. Cash Memo/Paid bill(s) is/are attached as under:

Sr. No.	Bill No. & Dt.:	Name of firms	Bill Amount
(1)			
(2)			
(3)			
(4)			
(5)			
Total Amount (Rs.)			

The amount of Rs. may
kindly be reimbursed to (Name of IO) ID No.:

Sanctioned a sum of Rs. (Rs.)

Signature of Indenting Officer

Date:.....

Signature of Reporting Officer/ Supervisor[#]

(# As Applicable)

Date:.....

Signature of the Sanctioning Authority/ Project Leader

Date:

Name & Designation:

*To be submitted along with Reimbursement bill(s) to Purchase Section.