

## Dr B R Ambedkar National Institute of Technology, Jalandhar

| Ref.No                              | )   |   |                 |                                    |                           |  |  |
|-------------------------------------|---|---|-----------------|------------------------------------|---------------------------|--|--|
|                                     | FORWARDING  | - MEMO FOR RECOUPMENT OF IMP  | <br>REST AMOUNT |                                    |                           |  |  |
| 1.                                  | Name of Department:   |   |                 |                                    |                           |  |  |
| 2.                                  |   | he imprest made:  |                 |                                    |                           |  |  |
| 3.                                  | Imprest Taken:Yes / No  |   | Amount :        |                                    |                           |  |  |
| 4.                                  | Detail of Bills   |   |                 |                                    |                           |  |  |
| Sr.                                 | Name of the item  | Name of the Supplier/Party  | Bill No.        | Date                               | Amount(Rs.)               |  |  |
| No.                                 |   |   |                 |                                    |                           |  |  |
| 1.<br>2.                            |   |   |                 |                                    |                           |  |  |
| 3.                                  |   |   |                 |                                    |                           |  |  |
| 4.                                  |   |   |                 |                                    |                           |  |  |
| 5.                                  |   |   |                 |                                    |                           |  |  |
| 6.                                  |   |   |                 |                                    |                           |  |  |
| 7.                                  |   |   |                 |                                    |                           |  |  |
| 8.                                  |   |   |                 |                                    |                           |  |  |
| 9.                                  |   |   |                 |                                    |                           |  |  |
| 10                                  | .  <br>Grand To   | 2421  |                 |                                    |                           |  |  |
|                                     | Name of the Person to who   | m the amount is to be Paid:   |                 |                                    |                           |  |  |
| i.                                  | The recurring expenditure has been made only for the purpose of consumable and other services related issues like passing of TA/DA for experts, procurement of stationery items, petty store items, local purchase of raw material for conducting experiments rubber stamps and office seals  |   |                 |                                    |                           |  |  |
| ii.<br>iii.<br>iv.<br>v.<br>vi.     | All the items mentioned above have been received/verified and found in good condition.  All the calculations of the enclosed bill/memos have been checked & found correct.  I am personally satisfied that these goods purchased are of the requisite quality & specification & have been purchased from a reliable supplier at a reasonable price.  The above mentioned expenditure is within the allocated Deptt. Budget for the year.  The repair made for equipment is not under any AMC/Warranty period. |   |                 |                                    |                           |  |  |
| vii.<br>viii.<br>viii.<br>ix.<br>x. | Valid warranty certificate All the items of the bills & stock entry have been Separate Imprest Registe  | e, wherever applicable, is enclosed. submitted herewith have been entered in Consumentioned on the Invoice /Cash Memo. r has been maintained for hospitality related expensos are attached with required certification on the | enditure.       | r, Imprest Regis                   | ter and also verification |  |  |
|                                     |   |   | Verifi          | ed & Recom                         | mended                    |  |  |
| Encl:_                              | Nos   | (Signature)   |                 | (Signature) Head of the Department |                           |  |  |
|                                     |   | Name of Dealing Assistant   | I               |                                    |                           |  |  |