

**Forwarding of Bills / Invoices for payment upto Rs. 25,000/-**

Budget Head	
Name of Deptt. / Centre / Section / Unit	

1. Name of the Supplier/  
Service provider :
2. Name of the Beneficiary :  
(Payment to party/ reimbursement)

3. Particulars of bill / invoices:

Sl. No.	Description of the goods supplied / services provided	Bill No.	Bill date	Bill value (Rs.)	Remarks
			<b>Total</b>		

(Rupees \_\_\_\_\_)

Please comply the checklist before forwarding the bill for further process:

1. GST entry done : Yes / No
2. Self - satisfactory certificate : Yes / No
3. Stock entry done : Yes / No

Date \_\_\_\_\_ Dealing Asstt. \_\_\_\_\_ HOD / HOC / Section Head \_\_\_\_\_

***(For the use of sanctioning authority)***

**Dean/ HOD/ HOC/ RG/ PI/CI/ HOS**

Sanctioned a sum of Rs. \_\_\_\_\_ only.

Date \_\_\_\_\_ (Signature of the competent sanctioning authority) \_\_\_\_\_

***(For the use of Internal Audit only)***

**AR (IA)**

\_\_\_\_\_  
**DR (F & A) / AR (P)**