



Payment to Vendor for Expenditure/Reimbursements for Projects

1.	Name of Coordinator/Project Investigator				
2.	Project No./Project Title/General Expenditure				
3.	Objective of Payment	Vendor Payment	<input type="checkbox"/>	Reimbursement	<input type="checkbox"/>
4.	Budget Head	Recurring	Consumable	Contingency	Travel Others(Miscellaneous)
		Non Recurring			
5.	Funds Available in Respective Head				
6.	Purpose of Expenditure				
7.	Payment to be made in the Name of				
8.	Bank Account details for Fund Transfer				
	1. Name of Account Holder				
	2. Bank Name and Branch				
	3. Account Number				
	4. IFSC Code				

Details of Bills claimed

S.No.	Date	Invoice/ Bill No.	Suppliers Name	Particulars	Stock-Reg ister Page No.	Amount (Rs.)
Total						

Declaration Wherever Applicable:

1. I am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from reliable supplier at a reasonable price.
2. The Expenditure was made with due approval and by following Norms.
3. Certified that the items purchased were not available in the Laboratory / Department and were needed to fulfill the urgent requirements of the project. The items have been recorded in the stock register.

Date:

Signature of Coordinator /Project Investigator



TIH
iHub Drishti

IHUB DRISHTI FOUNDATION

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For Office of Accounts use only		
S. No.	Item	Details
1	Ledger Used	
2	Funds Available	
3	Actual Expenditure	
4	Committed Expenditure	
5	Balance Funds Available [(2)-(3+4)]	
6	Amount Claimed	
7	Deductions (If any)	
8	Net Amount Payable	
9	Date of Entry	
Manager Finance		Accounts Officer
		Signature of Director/CEO