



Temporary Advance Request

To be submitted to Office of Accounts at least 3 working days before the requirement of Advance

1.	Name of the Applicant	
2.	Designation	
3.	Personal File Number	
4.	Purpose of the Advance	
5.	Advance Required from	1. Grant in Aid General <input type="checkbox"/> 2. Grant in Aid Capital <input type="checkbox"/> 3. Other (Please Specify) <input type="checkbox"/>
6.	Head of Expenditure	1. Contingency <input type="checkbox"/> 2. Consumable <input type="checkbox"/> 3. Non Consumable <input type="checkbox"/> 4. Other <input type="checkbox"/>
7.	Amount of Advance	
8.	Financial Sanction No.(For Projects)	
9.	Budget Available	
10.	Bank details for Fund Transfer	
	1. Name of Account Holder	
	2. Account No.	
	3. Bank Name and Branch	
	4. IFSC Code	
11.	Declaration 1. The Advance is required to facilitate an activity or event in which various petty expenditures are involved and they are required to be paid in cash. 2. I declare that the amount of advance will be used for Organization work only. 3. I will settle the Advance within 15 Days.	

Date :

Signature of Employee/Project Investigator

For use of Office of Accounts only

1.	Any previous Advance pending (Tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Amount Advanced	
Manager Finance		Accounts Officer

Approved/Not Approved

Signature of Director/CEO



TIH
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IHUB DRISHTI FOUNDATION

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Details of Temporary Advance (Please print it in the back side of the form)

S. No.	Content	Details	
1.	Name of the Applicant		
2.	Amount of Advance		
3.	Details	Amount (Rs.)	
		Total:	
Date :		Signature of Employee/Project Investigator	