



## **(Advance Settlement Form)**

**Subject:-** \_\_\_\_\_

## Statement of Expenditure

**(Note:-Attached additional Sheet if required)**

---

*Signature of Indenter*

*(Refer guide lines for Advance Settlement)*



### **Guidelines for Advance Settlement.**

- (1) All vouchers need to be duly endorsed by the concerned person with seal and signature.
- (2) For any advance drawn for specific purpose or event of the university, vouchers along with Statement of Expenditure to be submitted within **15 (Fifteen) days** from the date of completion of event/purpose to the Finance Deptt. Duly authorized by the competent authority.
- (3) Purchase of any item of Non-Consumable nature need to intimate to the **Stores & Purchase Deptt.** For necessary recording the stock registrar.
- (4) For reimbursement of Air Ticket bill(s) of any guest boarding pass need to be attached.
- (5) As per Govt. Guidelines GST invoice is required for every purchase(s).
- (6) For TA Claim of any guest will be as per Govt. of Assam TA Rules. Also use separate TA Claim Form for payment.

\*\*\*\*\*



## CASH RECEIPT

Received an amount of Rs \_\_\_\_\_ in cash from \_\_\_\_\_ as

(expenditure type like auto fare/taxi fare/rickshaw fare/thela

fare /petty expenses etc.) in connection with \_\_\_\_\_ organized by/for \_\_\_\_\_ (if  
applicable) dated \_\_\_\_\_

Date of Receipt \_\_\_\_/\_\_\_\_/20\_\_\_\_

Signature of the Payee \_\_\_\_\_

Signature of the Payer \_\_\_\_\_

Name of the Payee \_\_\_\_\_

Name of the Payer \_\_\_\_\_

Designation \_\_\_\_\_



## CASH RECEIPT

Received an amount of Rs \_\_\_\_\_ in cash from \_\_\_\_\_ as

(expenditure type like auto fare/taxi fare/rickshaw fare/thela

fare/petty expenditure etc.) in connection with \_\_\_\_\_ organized  
by/for \_\_\_\_\_ (if applicable) dated \_\_\_\_\_

Date of Receipt \_\_\_\_/\_\_\_\_/20\_\_\_\_

Signature of the Payee \_\_\_\_\_

Signature of the Payer \_\_\_\_\_

Name of the Payee \_\_\_\_\_

Name of the Payer \_\_\_\_\_

Designation \_\_\_\_\_

Name and Location of Work		For the Month of :																													Total No.s of Days	Approved rate per day	Total Payable Amount	Signature
Sl No.	Name	1	2	3	4	1	2	3	4	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1																																		
2																																		
3																																		
4																																		
5																																		
6																																		
7																																		
8																																		
9																																		
10																																		
11																																		
12																																		
13																																		
14																																		

Certified that payment has been made on my identification and in my presence

Signature of Concern Person

Approved by

Date :

Place :



**REIMBURSEMENT CLAIM FORM**

(Formal purposes except TA/DA Bill)

Name of the claimant: \_\_\_\_\_

Designation:Department/Cell/Section: \_\_\_\_\_

MobileNo: \_\_\_\_\_ EmailID: \_\_\_\_\_

Voucher No.	Voucher Date	Particulars	Amount (Rs.)
<b>TOTAL</b>			

Note: Attach additional sheet(s) if required. Attach the supporting vouchers/relevant documents chronologically

**DECLARATION BY THE CLAIMANT**

I hereby declare that the information furnished in the claim form is true and correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material/fact with respect to this claim, my right to claim the reimbursement shall be forfeited. I hereby declare that I have included all the bills/receipts for the purpose of this claim and that I will not make any supplement claim, if any. I hereby declare that due diligence has been observed for availing the aforesaid claim. I have no objection in deduction of any un-admissible amount by the competent authority in this claim form and the final admissible amount may be disbursed to the below mentioned bank account.

Place: \_\_\_\_\_

Date: Signature of the claimant \_\_\_\_\_

**BANK DETAILS (To be filled in BLOCK Letters)**

ACCOUNT NUMBER	
NAME OF THE ACCOUNT HOLDER	
IFSC	
BANK NAME & BRANCH	



### Requisition Slip

Following items (Stationery/ Electrical Goods/Computer Stationery/Sanitization items etc.) are required in the office of the \_\_\_\_\_

for the month of \_\_\_\_\_ for official use.

Items Nos	Name of the items required	Quantity	Remarks

Above items may please be supplied.

Countersigned

Administrative Head

Department seal \_\_\_\_\_

Items Received

Signature of the employee



# कुमारभास्करवर्मसंस्कृत-पुरातनाध्ययनविश्वविद्यालयः

## द्वूष्माब शक्तव दर्मा ग्रंथात् जार्ज प्रवातन अध्ययन विश्वविद्यालयः

### Kumar Bhaskar Varma Sanskrit & Ancient Studies University

Namati, Nalbari-781337

Website:www.kbvsasun.ac.in :: Email Id:kbvsasun@rediffmail.com

#### REIMBURSEMENT CLAIM FORM

(Formal purposes except TA/DA Bill)

Name of the claimant: \_\_\_\_\_

Designation:Department/Cell/Section: \_\_\_\_\_

MobileNo: \_\_\_\_\_ EmailID: \_\_\_\_\_

Voucher No.	Voucher Date	Particulars	Amount (Rs.)
<b>TOTAL</b>			

Note: Attach additional sheet(s) if required. Attach the supporting vouchers/relevant documents chronologically

#### DECLARATION BY THE CLAIMANT

I hereby declare that the information furnished in the claim form is true and correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material/fact with respect to this claim, my right to claim the reimbursement shall be forfeited. I hereby declare that I have included all the bills/receipts for the purpose of this claim and that I will not make any supplement claim, if any. I hereby declare that due diligence has been observed for availing the aforesaid claim. I have no objection in deduction of any un-admissible amount by the competent authority in this claim form and the final admissible amount may be disbursed to the below-mentioned bank account.

Place:

Date: Signature of the claimant

BANK DETAILS (To be filled in BLOCK Letters)	
ACCOUNT NUMBER	
NAME OF THE ACCOUNT HOLDER	
IFSC	
BANK NAME & BRANCH	