



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



कुमारभास्करवर्मसंस्कृत-पुरातनाध्ययनविश्वविद्यालयः
কুমার ভাস্কর বর্ম সঙ্কৃত জ্ঞান পুরাতন অধ্যয়ন বিশ্ববিদ্যালয়
Kumar Bhaskar Varma Sanskrit & Ancient Studies University

Namati, Nalbari-781337

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

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.



कुमारभास्करवर्मसंस्कृत-पुरातनाध्ययनविश्वविद्यालयः

কুমার ভাষ্কর বর্ম সঙ্কৃত জ্ঞান পুরাতন অধ্যয়ন বিশ্ববিদ্যালয়

Kumar Bhaskar Varma Sanskrit & Ancient Studies University

Namati, Nalbari-781337

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

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 _____



कुमारभास्करवर्मसंस्कृत-पुरातनाध्ययनविश्वविद्यालयः

কুমার ভাষ্কর বর্ম সঙ্কৃত জ্ঞান পুরাতন অধ্যয়ন বিশ্ববিদ্যালয়

Kumar Bhaskar Varma Sanskrit & Ancient Studies University

Namati, Nalbari-781337

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

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 :



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

(Formal purposes except TA/DA Bill)

MobileNo: **EmailID:**

| Voucher No. | Voucher Date | Particulars | Amount (Rs.) |
|-------------|--------------|-------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

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.

Date:Signature ofthe claimant

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



कुमारभास्करवर्मसंस्कृत-पुरातनाध्ययनविश्वविद्यालयः
কুমার ভাস্কর বর্ম সংস্কৃত জ্ঞান প্রবর্তন অধ্যয়ন বিশ্ববিদ্যালয়
Kumar Bhaskar Varma Sanskrit & Ancient Studies University

Namati, Nalbari-781337

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

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

