Settlement of Bills

 To, Date:………………

 Research & Publication Cell

 SCTIMST

 Project No **:**

 Total amount spent **:**

 To whom the payment to be made

 (if employee, name of the employee with E.Code) **:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl. No.** | **Account Heads** | **Bill No & Date** | **Amount in `** | **Remarks** |
|  | **Consumables:** |  |  |  |
|  | **Contingency:** |  |  |  |
|  | **Travel:** |  |  |  |
|  | **Manpower:** |  |  |  |
|  | **Equipment:** |  |  |  |
|  | **Others:** |  |  |  |
|  | **General:** |  |  |  |
| **Total Rs.** |  |

***Certified that the expenditure has been incurred for the above project \in the specified heads.***

Date: **Principal Investigator**

For Office Use Only:

Remarks: ***Submitted for approval from project #….…….……for* `*………..………***

Assistant AAO(R&P) Sr.Accounts Officer - I Associate Dean Director