

Settlement of Bills

To,
Research & Publication Cell
SCTIMST

Date:.....

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 |
|------------------|----------------------------|----------------|-------------|---------|
| 1. | <u>Consumables:</u> | | | |
| 2. | <u>Contingency:</u> | | | |
| 3. | <u>Travel:</u> | | | |
| 4. | <u>Manpower:</u> | | | |
| 5. | <u>Equipment:</u> | | | |
| 6. | <u>Others:</u> | | | |
| 7. | <u>General:</u> | | | |
| 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