

राष्ट्रीय प्रौद्योगिकी संस्थान गोवा National Institute of Technology Goa

Request for Processing Payment against an Invoice

(Form to be attached to every invoice sent to Finance and Accounts)

			1								
1.	Name of Departmen	t/Section									
2.	Type of Transaction										
	a.Purchase Order I	No. & Date									
	b. Direct Purchase										
	c. Others, if any										
3.	Name of the Firm										
4.	Payment in favour of										
5.	Invoice Amount										
6.	Invoice No. and Date										
7.	a. Invoice Received on										
	b. Invoice Certified on										
	c. Reasons for delay, if any										
	(including name of	person									
8.	responsible) Major Stores (if any) (Items of									
0.	value exceeding Rs.	, ,									
9.	Warranty	Enclosed		Retained in the		Not					
10	Certificate	herewith	Cortified	department		relevant					
10.	Enclosure		Certified Invoice (02 copies) Challan/packing slip/courier Receipt								
		Principal Approval of Competent Authority									
		Inspection report									
	ification: Certified tl				oices or	receipts have	e been				
	ved in good condition ll the bills are duly v				d appro	priate stock	entrv				
h	as been made.		-	-		-	j				
b. The bills attached are not claimed by me before from any other resource.c. Proof of payment is attached and is duly countersigned by intender/user.											
C. P	roof of payment is at	tached and	is duly coi	intersigned by inte	nder/u	ser.					
Inde	enter/officer-in-ch	arge		Неа	d of D	epartment/	Office				
Registrar											
Annuaral of the Commentant Anthemiter											
Approval of the Competent Authority											
To Stores & Purchases											

The stores/goods/asset purchased has been entered in the respective head in the Central Asset Register at the Sr. No_____ Page No._____ dated_____

Superintendent (S&P)

Sr. No.	Name of Supplier/Firm/Party	Receipt No	Date	Description of Goods/services	Qty	Amount