

## IHUB DRISHTI FOUNDATION

Regd. Office: C/o INDIAN INSTITUTE OF TECHNOLOGY JODHPUR NH 62, Nagaur Road, Karwar-342030, Jodhpur (Rajasthan) CIN: U73100RJ2020NPL070417 Email: accounts@ihub-drishti.ai

	rayment to vendor for Expendital entends for respects					
1.	Name of Coordinator/Project					
	Investigator					
2.	Project No./Project Title/General					
	Expenditure					
3.	Objective of Payment	Vendor Payment Reimbursement				
4.	Budget Head Recurring	Consumable Contingency Travel Others(Micellaneous)				
	Non Recurring					
5.	Funds Available in Respective Head					
6.	Purpose of Expenditure					
7.	Payment to be made in the Name of					
8.	Bank Account details for Fund Transfer					
	1. Name of Account Holder					
	2. Bank Name and Branch					
	3. Account Number					
	4. IFSC Code					

## Payment to Vendor for Expenditure/Reimbursements for Projects

## Details of Bills claimed

S.No.	Date	Invoice/ Bill No.	Suppliers Name	Particulars	Stock- Register Page No.	Amount (Rs.)	
	Total						

Declaration Wherever Applicable:

- 1.I am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from reliable supplier at a reasonable price.
- 2. The Expenditure was made with due approval and by following Norms.
- 3. Certified that the items purchased were not available in the Laboratory / Department and were needed to fulfill the urgent requirements of the project. The items have been recorded in the stock register.

Date:

Signature of Coordinator / Project Investigator



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For Office of Accounts use only				
S. No.	Item	Details		
1	Ledger Used			
2	Funds Available			
3	Actual Expenditure			
4	Committed Expenditure			
5	Balance Funds Available [(2)-(3+4)]			
6	Amount Claimed			
7	Deductions (If any)			
8	Net Amount Payable			
9	Date of Entry			
Manag	er Finance	Accounts Officer		
		Signature of Director/Project Director/CEO		