



POORNIMA FOUNDATION

E7A

CASH ADVANCE REQUISITION SLIP

Name: _____ Designation: _____ Date: _____
 Emp. ID: _____
 Department: _____ Institute: _____

Norms of advance :

1). I will submit authentic bill for every expense carried out ; 2). The imprest will be adjusted before _____, if not settled within given time it may be transferred /treated as personal advance and may be deducted from salary

Sir, Kindly provide sum of Rs. _____ (in words) _____
 as an Advance against My: SALARY ACCOUNT IMPREST for the purpose of: _____

Signature of Applicant

Approved Rs. _____ (in words) _____ as an imprest, to be adjusted on or before _____ (Date)		
HOD	Registrar	Campus Director



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E7B

TRAVEL EXPENSES REPORT

Name of Institute:-						1. Purpose of journey:-		
Department :-		Name:-				2. Permitted by:-		
		Designation:-				3. Journey Verified by:-		
		Employee ID:-				Signature:-		
(A) Details of Journey:-								
Departure;			Arrival			Mode & Class	Ticket/PNR No:	Amount (INR)
Date	Time	Station	Date	Time	Station			
							Total (A)	
(B) Halting Allowance / Hotel / Food Expenses:								
Station	Place of Stay		Rent DA	No of Days:	Amount (INR)			
							Total (B)	
(C) Local Conveyance & Other Charges:								Amount (INR)
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
							Total (C)	
I undertake & confirm that:						Grand Total (A+B+C)		
1. This bill has been prepared as per prevailing norms.						Advance taken on _____ Rs. _____ Net Amount Payable / Receivable _____ Approved for Rs. _____ In words: _____		
2. No claim for this bill has been made so far.								
3. Necessary details of expenses & purpose of journey is enclosed								
Signature of Claimant:- _____ Date:- _____						Authorised Signature:		