

3 Decades • 8 Institutions • 45000 Alumni Worldwide • 12000+ Students • 1200+ Faculty & Staff DOOR RIMA CROSS

Achieving Excellence Together

E7A

CASH ADVANCE REQUISITION SLIP

		Date:
Name:	Designation:	
Department:	Institute :	
Norms of advance:		
1). I will submit authentic bill settled within given time it	for every expense carried out; 2). The important be transferred /treated as personal adv	rest will be adjusted before, if not ance and may be deducted from salary
Sir, Kindly provide sum of Rs.	(in words)	
as an Advance against My: SAl	LARYACCOUNT IMPREST	for the purpose of:
		Signature of Applicant
Approved Rsto be adjusted on or before	_(in words)(Date)	as an imprest,
HOD	Registrar	Campus Director
	Ving Excellence Tog ADVANCE REQUIS	
		Date:
Name:	Designation:	Emp. ID:
Department:	Institute :	
settled within given time it Sir, Kindly provide sum of Rs.	for every expense carried out; 2). The imp may be transferred / treated as personal adv (in words) LARYACCOUNT IMPREST	rance and may be deducted from salary
		Signature of Applicant
	_(in words)(Date)	as an imprest,
HOD	Registrar	Campus Director



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UP E7B

TRAVEL EXPENSES REPORT

Name of Institute:-					1. Purp	1. Purpose of journey:-					
Departme	ent :-	Name:-			2. Perm	2. Permitted by:-					
		Designation:-				3. Journey Verified by:-					
		Employee ID:				Signature:-					
(A) Detail	ls of Journe	ey:-									
	Departu			Arrival	_	Mode & Class Ticket/P.			NR No.	Amount	
Date	Time	Station	Date	Time	Station	Widde & Class Ticket/1		1111110.	(INR)		
-										_	
								Total	(A)		
-								Total	(A)		
(B) Haltii	ng Allowan	ce / Hotel / Food	l Expenses:								
	tion		ace of Stay		Rent I)A	No of	Days:	Amount (INR)		
							75 0 4	1 (7)			
					Total (B)				(INID)		
(C) Local Conveyance & Other Charges:									Amou	int (INR)	
1)											
2)											
3)											
<u>4)</u> 5)											
6)									-		
7)											
9)	8)										
9) 10) Total (C)							al (C)				
I undertake & confirm that:					Grand Total (A+B+C)						
1. This bill has been prepared as per prevailing norms.						Granu	Total (1	I · D · C)			
						Advanc	e taken (on	Rs.		
2. No claim for this bill has been made so far.3. Necessary details of expenses & purpose of journey is enclosed						Advance taken on Rs					
					Approved for Rs.						
					In words:						
Signature of Claimant:				111 WOIL	±3•						
Signa	uture of Cli	апі,									
	Date:-										
Date:				Authorised Signature:							



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E7C

REQUEST FOR STAFF LOAN

To,		Г					
Registrar			Loan A/c Number:				
Respected	l Sir/Ma'am,						
	S	Subject: Request for Sta	aff Loan				
With due	respect, I request you to please	e sanction me a staff loan					
			only). The required information is as under.				
S.No.	Particular		Details				
1.	Employee Number						
2.	Name of Employee						
3.	Designation						
4.	Date of Joining						
5.	Previously Loan availed	I	Rs.				
6.	Previously Loan Adjusted	on					
7.	Reason of Fresh Loan						
8.	Monthly Installment Amo	unt I	Rs.				
			Thanking you Yours faithfully Signature with date				
D		ommendations Head of					
1			only)				
to Shr1_		·	Signature with name & date				
		Society Office					
Sanction	ned Staff loan of Rs.	•	only) to				
Shri Repayable							
l	each starting from salary of (month). Obtain a PDC and keep on record.						
			Signature of Sanctioning Authority				