



# POORNIMA GROUP

Achieving Excellence Together



# E15A

## FORM FOR GENERAL, FINANCIAL APPROVALS & REIMBURSEMENT

Date: \_\_\_\_\_

Principle approval for activity [example – conference, seminar, workshop, other (please specify)]

Proposed day & date of activity: \_\_\_\_\_ Proposed Venue: \_\_\_\_\_

Organizing Department: \_\_\_\_\_

Organizing Institute: \_\_\_\_\_

Name of coordinator \_\_\_\_\_ Emp. ID \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Poornima Email ID: \_\_\_\_\_@poornima.org

Will there be any funding from government bodies?  Yes  No, if yes, please attach details

Will there be any funding from private organizations?  Yes  No, if yes, please attach details

Tentative Expenditure from Poornima Group: \_\_\_\_\_, please attach details

This activity/ event will benefit \_\_\_\_\_ (No. of Students) of \_\_\_\_\_ (Class) and \_\_\_\_\_ (No. of Faculty).

(kindly attach detailed document having clarity on objective of the activity, and proposed outcome)

Name & Signature  
of Convener

Name & Signature of  
HOD for recommendation

Name & Signature of  
Campus Director

Signature of  
Accounts Officer

### STATUS OF UTILIZATION OF BUDGET AFTER COMPLETION OF ACTIVITY IS AS UNDER:

1. Budget Head	
2. Allocated Budget Amount	Rs.
3. Budget already Utilized (Expenditure made)	Rs.
4. Budget available (2-3)	Rs.
5. Proposal for further utilization of budget for Activity A	Rs.
6. Expenditure incurred & payment to be made for Activity B	Rs.

Entered in Department Register at Page No. \_\_\_\_\_, Entry No. \_\_\_\_\_

Name & Signature  
of Convener

Name & Signature of  
HOD for recommendation

Name & Signature of  
Campus Director

Signature of  
Accounts Officer



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**E15B**

**FORM FOR PAYMENT OF HONORARIUM AGAINST SPL/EXPERT VISIT**

Name of Expert: \_\_\_\_\_ Organization: \_\_\_\_\_ Experience: \_\_\_\_\_

Topic: \_\_\_\_\_

Date & Time \_\_\_\_\_ No. of Hours: \_\_\_\_\_ No. of Students: \_\_\_\_\_ Expenditure: \_\_\_\_\_/per hr.

Conveyance \_\_\_\_\_/per day. PAN No. \_\_\_\_\_ Aadhar No. \_\_\_\_\_

**Furnish Bank Account details of expert along with this form:**

NEFT : A/c No. \_\_\_\_\_ IFSC Code \_\_\_\_\_ Branch Address \_\_\_\_\_

Name in A/c \_\_\_\_\_ Bank Name \_\_\_\_\_

**STATUS OF UTILIZATION OF BUDGET IS AS UNDER:**

1. Budget Head	
2. Allocated Budget Amount	Rs.
3. Budget already Utilized (Expenditure made)	Rs.
4. Budget available (2-3)	Rs.
5. Proposal for further utilization of budget for Activity A	Rs.
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Entered in Department Register at Page No. \_\_\_\_\_, Entry No. \_\_\_\_\_

Name & Signature  
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HOD for recommendation

Name & Signature of  
Campus Director

Signature of  
Accounts Officer



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**E15C**

DEPTT. BUDGET UTILIZATION LEDGER ACCOUNT FORMAT

Session 20\_\_ - 20\_\_

Department of \_\_\_\_\_

Budget Utilization Ledger Account of (Name of Budget Head)

Budget Allocated (In the above mentioned head) \_\_\_\_\_

S. No.	Date	Expenditure Details, Bill No., Name of Party	Amount of Expenditure	Balance Amount	Signature of HOD / Officer In-charge	Signature of Account Officer



# POORNIMA GROUP

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# E15D

## AGREEMENT WITH POORNIMA GROUP

Agreement No: YEAR / MONTH / DATE / S.NO.

Date:

### NOTESHEET

Subject: Regarding agreement between Poornima Group and \_\_\_\_\_

Herewith enclosed the agreement between Poornima Group and \_\_\_\_\_ which is found appropriate for carrying out the work as mentioned in the agreement attached as annexure 1.

#### The Highlight of the Agreement are:

S.No.	Head	Details	Remark
1	Validity & Duration of Agreement		
2	Total Cost		
3	GST Rate		
4	GST Number		
5	Name of PAN account holder		
6	PAN Number		
7	Frequency of Invoicing (in days - 30/60/180/360)		

#### Please Ensure:

1. Full & final settlement of finances must be done within 15 days of the completion of activity or 15th March which ever is earlier.
2. TDS will be applicable as per Income Tax norms.

Name & Signature of  
HOD for recommendation

Name & Signature of  
Campus Director

Signature of  
Accounts Officer

Signature of Campus Director with Remarks