

Proforma For Recoverable Advance
RECURRING GRANT

Name : _____ Date : _____

Designation : _____ Deptt: _____

Amount Rs. : _____ (_____ Only)

Account Head of Expenditure: _____

Any Earlier Outstanding Advance/s _____

Advance taken will be settled within _____ days.

Signature of Employee

Signature of HOD

(For Office Use Only)

Sr. No. _____ Date : _____

Account Head to be Debited: _____

Balance (In Case of Plan & Schemes) : _____

Signature of Dy. Reg (Accts)

Recommended / Not Recommended

Dean (P&F)

Approved / Not Approved

Director