# VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR

# Format For Direct Third Party Payments (in case of direct purchases)

| Note No.                                     | Date:         |
|--|---------------|
| 1. Name:                                     |               |
| 2. Designation:                              | 3.Department: |
| 4. Account Head of Expenditure/ Ledger No. : |               |
| 5. Expenditure Amount Rs(Rupees              | )             |
|  |               |

## I Certify that:

- 1. The above charge has been necessarily incurred in the interest of Institute and expenditure has been incurred for the purpose for which it was sanctioned.
- 2. The expenditure has been incurred by following the extant procedures. Direct purchase limit of Rs.25000 /- from single source has been adhered to. I am personally satisfied that these goods purchased are of requisite quality and specification and have been purchased from a reliable supplier at reasonable prices.
- 3. Copy of Financial approval is enclosed (if sanctioning authority is higher than HOD).
- 4. Goods have been received in good condition/ services have been rendered satisfactorily and stock entry certificate is endorsed on the bills. In case of assets, the necessary entries have been made in Dead Stock Registers.

| Sr<br>No | Bill<br>No./<br>Date | Vendor<br>Name/<br>Beneficiary<br>Name as per<br>Bank Account | A/c No.<br>(Pl ensure prefix<br>'zero' (0), if any) | Bank | IFSC Code | Amount in Rs |
|----------|----------------------|---|---|------|-----------|--------------|
|          |                      |   |   |      |           |              |
|          |                      |   |   |      |           |              |
|          |                      |   |   |      |           |              |
|          |                      |   |   |      |           |              |
|          |                      |   |   |      |           |              |
|          |                      |   |   |      |           |              |

### You are requested to kindly pay the amount to Beneficiar(y/ies) listed below\* .

### (Signature of employee)

(Signature of HoD)

[\* Soft copy of the bank list may please be sent by mail 'dr\_acct@vnit.ac.in' if number of beneficiaries are more than one].

Soft copy sent by mail : YES / NO

Enclosures:

1) Financial Approval.

2) Original Bills of Expenditure.

To,

**Jt.Registrar** (Accounts)