

INSTITUTE OF AERONAUTICAL ENGINEERING

DUNDIGAL - 500 043, HYDERABAD

STATEMENT FOR CLEARING THE BILL

Name of	Account		:		
Date of Bill:		Bill/Voucher I	Number:		Date:
Budget allotment			:	Rs	
	are incurred (inclusive of corincluding the present bill	mmitments)	:	Rs.	
Balance of allotment available			:	Rs.	
S No.	Particulars of the claims such to sanctions No. and date auth			the pay and refere	rence Amount Rs. Ps.
1					
2					
3					
4					
5					
6					
				Total	Rs.
(Rupees	S				Only)
		CERTIFI	CATES		
	ried that the rates claimed by ried that the materials have be				
Enclosure	es:	Head of t	the Instit	cution / Departm	nent / Office / Branch

2. Any other relevant papers.

1. Authenticated copy of the sanction order attached (if not already communicated to the Finance

and Accounts Branch)Any other relevant papers.

INSTRUCTIONS

- 1. Bills sent for payment should be in the prescribed form.
- 2. The amounts of the bills should be expressed in words as well as in figures.
- 3. The head of account as it appears in the budget should be given in the column provided.
- 4. The name of the payees should be mentioned clearly in the bill.
- 5. When more than one bill of the same firm/party/payee are presented and the total claim arrived at.

For use in the Finance and Accounts Branch

Claims checked and admitted

Superintendent / Administrative and Accounts Asst.

Passed for Rs.	(Rupees	
Pay		
		Officer passing the bill
Remarks of the Passing Officer:		
Paid By Cheque / Cash		
Rs	_	
Date	_	
		Officer issuing the Cheque