

BILL PASSING/ PAYMENT ADVICE	
Faculty /Department _____	Date : _____
Name & Address of the vendor in whose favour payment is to be made: - _____ _____	
PO/WO No: - _____ Dated _____	Date of Delivery/ Supply/Installation as per P.O. : _____
Nature of Services/Expenses _____	Actual date of Delivery/ Supply/Installation : _____

DETAIL OF INVOICE				
S.No.	Bill No./Date	Bill Amount	Approved Amt.	Remarks (If Any)
	TOTAL			

S.No	Cost Centre / Department Name	Budget Expenses Head	Amount
	Total		

Check List:- Before final payment process please ensure all the mandatory compliance are completed and related documents are attached

S.No	Particulars	Yes/No (Dean/HOD)	Yes/No (Accounts)	Remarks
	<u>Certified/Ensure that:</u>			
1	Copy of the Purchase Order/Work Order/ Agreement attached			
2	Vendor Registration Done (In case of new vendor)			
3	Items/Services have been received in proper condition and good quality as per the specifications on P.O.			
4	The contractor has completed the work as per the specification and as per agreement.			
5	Completeness of Supply of Material / Services , Remarks must be filled in partial supply			
6	Original Bill/Performa Invoice Attached			
7	All the Items/materials entered in to campus through Gate Entry.			
8	Item(s)/service has been entered in the stock/Inventory registers			
9	Assets has been tagged and Numbered			
10	The item/service are used only for official purpose.			

Late Submission / Supply / Daly in execution Remarks if any / Any other Remarks :

Prepare By

Checked and
verified BY

Checked and verified BY

Faculty / Department Office

Dean/HOD

Accounts