

INVOICE
(Fixed / Short Term Engagement)

Name:

Contact Address & Nos.:

PAN No.:

Contract Ref:

Description (task done/deliverable)	Fees
	<p><u>Terms of payment</u> :</p> <p>Total amount Rs. _____ (including taxes)</p> <p>Amount (in words) _____</p> <p>_____</p> <p>_____</p>
<p>Total committed amount / contract value Rs. _____ (including taxes)</p>	

Enclosures (if any):

Date:

Place:

Claimant Signature

..... **NHSRC Office use**

Budget head: _____

Division Head/Reporting Officer
Name : _____
Designation : _____

Approved by

.....

Gross amount : Rs.

Deduction (if any) : Rs.

Net Amount Payable : Rs.

Bank account details:

Name: _____

Address: _____

Contact details: (Mobile) _____ (Tele) _____

(E-mail) _____

1) Beneficiary name: _____

2) Account No.:

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3) Bank Name: _____

4) IFS Code: _____

5) Branch address: _____

Signature