(Head of Division)

Minor Expenditure Submission Form (upto max Rs. 5000)

			Date:		
Submis Others	sion of expendit	ure statement fo	r Interview/Discussions/Internal	Meetings/Auditors/	
Purpos	e of expenditure):			
Details	of enclosures (su	apporting docume	nts/bills/vouchers in original are	enclosed duly signed by	
Co-ordi	nator). Details o	f expenditure as n	nentioned below:		
SI No.	Bill No	Date	Vendor Name	Amount	
			Total amount of expenditure (/Rc)·	
Certified	d that the sum of R	Rs. h	as been spent by		
	above mentioned o				
* Paya	ble by bank transf	er or cheque only. I	Bank account details should be provid	de.	
		Signatu	re of Co-Ordinator:		
		Nan	ne of Co-Ordinator:		
			Designation:	(for NHSRC staff)	
Verified	d By:				
				Approved by	

Bank account details:

1) Account name:					
2) Account No.:					
3) Bank Name:					
) IFS Code:					
5) Branch address:					