



INDIAN INSTITUTE OF PETROLEUM AND ENERGY

Forwarding of Bills / Invoices for payment

| | |
|------------------------|--|
| Budget Head | |
| Name of Dept. /Section | |

1. Name of the Supplier/Service Provider :
2. Name of the Beneficiary :
(Payment to party/ reimbursement)
3. Particulars of bill / invoices :

| Sl. | Description of the goods supplied/services provided | Bill No. | Bill Date | Bill Value (Rs.) | Remarks |
|-----|---|----------|-----------|------------------|---------|
| | | | | | |

(Rupees _____)

Please comply the checklist before forwarding the bill for further process:

1. Stock entry completed : Yes / No
2. Self – satisfactory certificate : Yes / No

Date: _____ Dealing Assistant _____ Indenter _____

(For the use of sanctioning authority)

RG/Dean/HoD/PI

Sanctioned a sum of Rs. _____ only.

Date: _____ (Signature of the competent sanctioning authority)

(For the use of Internal Audit/ Payment only)

FO/ DR/ Registrar