 **INDIAN INSTITUTE OF TECHNOLOGY INDORE**

**Form: R 2**

**GENERAL ADVANCE REQUEST FORM**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \* Advance must be settled within 15 days from the date of release of advance | | | | | | | | | | |
|  | | | | | | | | | | |
| **1** | **Name of the Applicant** |  | | | | | | | | |
| **2** | **Designation** |  | | | | | | | | |
| **3** | **Department** |  | | | | | | | | |
| 4 | (i) Bank Account No |  | | | (ii) Bank Name | | |  | | |
| (iii) Branch Address |  | | | (iv) IFS Code | | |  | | |
| 5 | Source of advance (Please tick) | Project ( ) RDF ( ) Departmental ( ) CPDA ( ) Others ( ) | | | | | | | | |
| (Please specify Project No. / other source if applicable) | | | | | | | | |
| 6 | Purpose of advance with estimate of expenditure |  | | | | | | | | |
| 7 | Estimate of expenditure in terms of nature of items, quantity and rate  (If necessary, separate sheet may be enclosed for estimation) | Nature of items | | | | Quantity | | | Rate per Unit(Rs) | |
|  | | | |  | | |  | |
| 8a | Proposed date of completion of activity |  | | | 8b. Amount of advance required (Rs) | |  | | | |
| 9 | Details of any previous advance which has not been settled | Date of advance | | Purpose of Advance | | | Cheque No. | | | Amount (Rs) |
|  | |  | | |  | | |  |
|  | |  | | |  | | |  |
| Reason for delay in settlement: | | | | | | | | |
| 10 | I declare /certify that:   1. the advance is urgently required for proper functioning of the Department and required material is not available in Material Management Division; 2. above mentioned details are true and correct to the best of my knowledge and belief; 3. to follow the purchase rules/ procedure of IIT and settle the advance within 15 days from the release of advance in prescribed format with all original bills/delivery challans, invoices/cash memos and vouchers duly signed and verified. 4. I will not pay more than Rs 5,000/- to any person in cash in one day.     **Signature of the Applicant** | | | | | | | | | |
| 11 | **Signature of Recommending Authority** | |  | | | | | | | |
| 12 | **Signature of the Approving Authority having financial power to sanction & release advance** | |  | | | | | | | |
| 13 | **Declaration by Material Management Division** | | Certified that the item required by the employee is not available in store section and Material Management Division is not able to arrange the material with in time limit given by the employee in row no.8.  **DA/JS AR(MM) / DR (MM)** | | | | | | | |