



**GURU GOBIND SINGH
INDRAPRASTHA UNIVERSITY
SECTOR-16C , DWARKA, DELHI - 110 075**

REQUISITION FORM FOR ADVANCE

1. **Name** : _____
2. **Designation** : _____
3. **Mobile No.** : _____
4. **Department/School** : _____
5. **Amount of Advance** : _____
6. **Purpose of Advance** : _____

7. **Date of Commencement of Activity** : _____
8. **Date on Which advance is required**
(Should be drawn usually seven days prior to its requirement) : _____
9. **Expected Date of Completion of Activity** : _____
10. **Nature of Advance(Cash or Cheque)**
(If Cheque/DD payable to) : _____
11. **Total Amount of Pending Advances** : _____

12. **Details of Earlier Pending Advances and Reason for not rendering the account** :

(i) Amount	(i) Amount
(ii) Reason	(ii) Reason
(iii) Expected Date of Submission of Settlement Bill	(iii) Expected Date of Submission of Settlement Bill

13. It is certified that the above said advance has been entered in :

Page No.		S.No.		Date	
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I hereby undertake that unutilized amount will be deposited within 7 days of completion of activity and the bills against this advance will be submitted within one month of completion of activity

Signature of Drawee with date : _____

Recommended by
(Name, Designation and Signature) : _____

Amount Sanctioned : **Rs.** _____

Signature of Sanctioning Authority
(Name, Designation and Signature) : _____

For Accounts Division

Entered in Advance Register of Accounts Branch :

S.No				
Ledger No.				
Financial Year				
Amount		Signature of DA	Signature of AAO	Signature of FO

Received a Sum of : **Rs.** _____

: _____
Signature OF Drawee with Date