

Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean – Research & Innovation

**Research Contingency
Grant - FORM 2**

Research Contingency-Advance bill Settlement/Reimbursement Form

Date:

Name: Designation / Department:

Ref. No. of Form 1.....(Enclose Form1)

Sl. No	Bill No	Bill Date	Name of the Supplier	Amount Rs. Ps.	
Receipt No & Date for the Balance advance Returned to office :			Total		
			Balance		
			Excess Amount Spent		

Entry made in the Advance Register Page No: _____& BCR Page No: _____

Received the above Bills on: _____

Head of A/c: **Research Contingency Grant**

Requesting for Advance bill settlement/Reimbursement:

<<Please strike out whichever option below is not applicable>>

1. If Advance Bill Settlement:

Date of Receipt of Advance: Advance Amount Drawn: Rs.....

Purpose of advance amount already received

.....

ii. If Reimbursement:

We submit herewith the bill for the value of Rs. _____
(Rupees (in words)) spent for the purpose of _____. The amount was paid by
_____hence I request to reimburse the same to

Name: _____

Account No.: _____

Signature of Faculty Incharge

R&I Coordinator

HoD

Accounts Manager

Approvals

Dean R&I

Vice Principal

Principal & Joint Secretary