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

(An Autonomous Institution)

Research Contingency Grant - FORM 3

Office of Dean – Research & Innovation

Research Contingency-Credit Settlement/Reimbursement Form

Date:

Name: ……..…….…. Designation / Department: ……..…

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

Credit Settlement / Reimbursement:

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

Name: _____

Account No.: _____

Sl. No	Bill No	Bill Date	Name of the Supplier	Amount Rs.	Ps.	Remarks
			Total			

Entry made in the BCR Page No: _____

Received the above Bills on: _____

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

Budget Utilization: FY 20__ - 20__

S. No.	Budget Head & No.	Proposed Budget	Fund utilized till date	Balance amount	Now requested	BCR Pg. No.
1	5h. Research Contingency Grant					

Signature of Faculty In-charge

R&I Coordinator **HoD**

Dean R&I **Vice Principal**

Principal & Joint Secretary