



आईसीएमआर- राष्ट्रीय पर्यावरणीय स्वास्थ्य अनुसंधान संस्थान
ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH
भारतीय आयुर्विज्ञान अनुसंधान परिषद
INDIAN COUNCIL OF MEDICAL RESEARCH
कमला नेहरू चिकित्सालय भवन, भोपाल
Kamla Nehru Hospital Building, Bhopal - 462001

Payment Voucher cum Requisition of Temporary Advance

The Director
ICMR-NIREH
Bhopal

Voucher No. of 201..
Name of Head of Account.....

A sum of Rs..... may be sanctioned to this department/branch/division for incurring expenditure as per particulars given below:

Sanction of the Director-ICMR NIREH was accorded vide his orders..... dated.....on page no. of File No.....

1. Purpose for which the advance if required.
2. Full justification in case of purchase etc.
3. Previous advance pending adjustment in this account, if any

Cheque/PFMS for the amount of advance may be made in favour of Shri/Mrs. Dr..... and delivered to the undersigned Shri/Mrs. Dr..... whose signature are appended below.

Name & Signature of applicant

Recommended/forwarded by

Date:

(for use of Finance & Accounts Department)

Particulars against Sl No. 1 to 5 have been verified. An advance of Rs..... (Rupees.....) has been entered in the Register of Advance item No. On page no..... and ACR item No. on page No.

Debit Head.....

Credit Head: Bank Account No.....
Cash:

The above advance may be sanctioned and may be paid.

Dealing Assistant

S.O. (Accounts)

A.O. (JG)

Scientist-G/Director

DDO

The requisite temporary advance has been made vide cheque/PPA number dated in favour of.....

S.O. (Accounts)

Signature of receiver.