

PSS Central Institute of Vocational Education
Shyamla Hills, Bhopal

FORMAT FOR PAYMENT

Dated: _____

Title of the Programme/Activity:

Date/s of Programme: From/on _____ to _____

Sanction Order No.: _____ Dt. _____

It is requested to kindly arrange for release of payment of the following against the Sanction order mentioned above:

Sl. No.	Particular	Amount	
		Sanctioned	Payment
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL			

Note:

Signature

Name: _____

Designation: _____

Encls:

- 1 No. of Vouchers/Bills _____
- 2 Copy of Sanction Order
- 3 Attendance sheet of Participants (In case of TA/DA)
- 4 Any other (Pl. Specify) _____

To,

Accounts Officer