

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Office of Outreach Activities

Facility Usage Charges

Date:

Part-A

Details	No.	Budget Head	Amount
Course / Program from which charges are to be Debited			
Name of the Course Coordinator			
Signature of Course Coordinator			
Details of Usage charges			

Part-B

Details	No.	Budget Head	Amount
Project in which charges are to be Credited			
Name of the Principal investigator			
Signature of Principal investigator			

For OOA use

Checked	Passed for Payment	
Sufficient balance is available in project account.		
Accountant	Supdt. OOA	Prof.-in-Charge, OOA