



Indian Institute of Technology Kanpur
Office of Outreach Activities

Direct Purchase Form

Type of Procurement: (Please tick, as applicable)	1. GFR (up to ₹ 50,000/-) <input type="checkbox"/> 2. Non-GFR (up to ₹ 50,000/-) <input type="checkbox"/>
Program Number:	
Budget Head: (Please tick only one)	Consumable <input type="checkbox"/> Contingency <input type="checkbox"/> Travel <input type="checkbox"/> Misc <input type="checkbox"/> Any other budget head as per sanction letter (Please specify)

Payment Type

In case of Vendor payment , please fill the following:			In case of Reimbursement , please fill the following:		
Vendor Name:			Name:		
Vendor's Bank Details:	Bank Name:		P.F. No./ Roll No.:		
	A/C No:		Bank Name:		
	IFS Code:		A/C No:		
	Branch:		IFS Code:		
			Branch:		

Details of the bill(s) submitted for payments/ reimbursement

SN.	Invoice/ Bill Details		Event Stock Register Page No.	Details of the goods purchased	Amount (Rs.)
	Number	Date			
1.					
2.					
3.					
4.					
5.					
Total Amount					

Declaration:

I am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at the reasonable price. these goods are not available on GeM.

That the reasons quoted for the reimbursement are genuine and purchase made from personal resources was unavoidable.

Check off list:

1. The original bill must be attached and should mandatorily include the GST number of Account I.

Signature
Name:

(Program Coordinator)

(For Office Use)

Amount:	Rs.	
Checked by		Passed for payment
Dealing Assistant	Sr. Supdt. (SG)	Professor-In-Charge, OOA