

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
FARE Fellow Contingency Reimbursement
Direct Payment Form (Up to Rs.50,000/-)

The Officer In-charge (F&A)
 IIT Kanpur

| | | | |
|-------------------------|--|-----------------|--|
| Name of the FARE Fellow | | Department | |
| FARE ID | | Date of Joining | |
| Contact Number | | | |

| S. No. | Invoice No. | Date | Item Details | Amount (Rs.) | Stock Reg. Page No. |
|--------|-------------|------|---------------------|--------------|---------------------|
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| | | | Total Amount | | |

This is to certify that the above claims are being made (with bills/receipts/details in the attached sheets) for the **FARE Fellow Contingency budget** (i.e. related to research) and may be **reimbursement** Or **direct party payment** from balance funds available in my contingency account.

Date:

Signature of the FARE Fellow

Supervisor
Name:

HOD

AR/JR (AA)

DOAA / ADAA

Enclosure:

For official use in the Finance and Accounts Section only

| | | | |
|--------------------------|--------------------|--------------------|--------------------------|
| Passed for an amount of: | | | |
| Assistant | Jr. Superintendent | Sr. Superintendent | Deputy Registrar (F & A) |