

INDIAN STATISTICAL INSTITUTE

		BANGALORE CENTER				
Date of Payment		CONTINGENT BILL	Nati Adv Amo	Cap/Rev/Others Nature/Bank Advice/Ch. No Amount Account		
Date of	Full particulars of expenditure	Ill particulars of expenditure		Amo	mount	
Expenditure			Rs.	P.	Remarks	
I certify that :			Total			
 Articles p The rates Store cer Services Conveya 	s/prices paid are not in excess of rtificates about receipt and record paid for have actually been rend	of articles purchased are given in sub-vouchers ered in a satisfactory manner. lafide and necessary purpose of the Institute and no mila	age allow	vance has be	en or will l	be charges therefore.
Name of worker :			Signature of Worker			
Signature o	of the recommending office	cer S	ignatur	e of the s	anction	ing authority
Received Rs	(I	Rupees Passed for Rs		(Rupee	s	••••••

Signature of the payee with date

Signature of the passing authority with date