

INDIAN STATISTICAL INSTITUTE

BANGALORE CENTRE

SUSPENSE ACCOUNT VOUCHER

(to be submitted in duplicate)

1. Name of the Worker and Roll No. :
2. Unit :
3. Purpose for which Suspense is required :
4. Amount required :

Date:

Signature

For Office Use:

Sanctioned for payment of Rs.....(Rupees.....)

Date:

HEAD

Passed for payment of Rs.....(Rupees.....)

Date:

ACCOUNTS OFFICER

Acknowledgement:

Received the sum of Rs.....(Rupees.....)