



# MATA SUNDRI COLLEGE FOR WOMEN

(UNIVERSITY OF DELHI)

MATA SUNDRI LANE, NEW DELHI-110 002

## GENERAL ADVANCE SETTLEMENT FORM

Sl.	Contents	Details										
1.	Name of Employee (Write in Block Letters)											
2.	Details of Advances	<table border="1"> <tr> <td>a. Vide Cash/Cheque No.</td><td></td></tr> <tr> <td>b. Date of receipt of Advance</td><td></td></tr> <tr> <td>c. Due Date of Settlement (15 days from date in "b" above)</td><td></td></tr> <tr> <td>d. Actual Date of Settlement</td><td></td></tr> <tr> <td>e. Purpose of Advance</td><td></td></tr> </table>	a. Vide Cash/Cheque No.		b. Date of receipt of Advance		c. Due Date of Settlement (15 days from date in "b" above)		d. Actual Date of Settlement		e. Purpose of Advance	
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b. Date of receipt of Advance												
c. Due Date of Settlement (15 days from date in "b" above)												
d. Actual Date of Settlement												
e. Purpose of Advance												
3.	Give reasons if advance is not utilised/or utilised for unapproved purposes											
Declaration by employee		<p>1. Certified that amount advanced has been utilised for the purpose for which advance was sanctioned.</p> <p>(Signature &amp; Name of Employee)</p>										
Signature of recommending Authority												
Signature of the competent authority having Financial for adjustment of above bills/ sanction of amount expended over the advance amount												
Total amount of bills admitted by Finance Section		<p>Bills admitted for Rs.....(Rupees.....)</p> <p>.....</p>										
Date of Submission of from in		Finance Section										

S. No.	Invoice No./Bill No.	Invoice Date	Particulars (Vendor Name / Purpose)	Amount (in Rs.)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

I / We are satisfied that the goods recommended for purchase are of the requisite specification and quality priced at the prevailing market rate and the supplier recommended is reliable and competent to supply the goods in question.

**Total Expenditure**

**Total Amount of Advance**

**Balance amount Receivable/Payable from Mr./Ms./Dr.....**

(Signature & Name fo Employees)

Member: 1.....2.....3.....

(Name in Capital Letters).....