ADJUSTMENT OF ADVANCE PROFORMA

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ine pi							
Detail	s of Expe	nditure:					
Sl No.	Bill	Dated	Amount	Sl No	Bill	Dated	Amount
1.	No.				No.	BF	
2.				11.			
3.				12.			
4.				13.			
5.				14			
6.				15.			
7.				16.			
8.				17			
9.				18.			
10.		CE		19.			
		CF		20.		Total	
Balance of Rs deposited in A/c No					Signature of Person Concerned Name:		
Date:					Designation:		
Rema	rks by Fi	nance Depar	tment, if an	<u>ıy</u>			
Dealing Assistant					Section Officer (Finance)		
Consu	ltant (I.A.)			Financ	ee Officer	