Voucher No. _____ Form no. .... DHSGU/Imprest

DR. HARI SINGH GOUR UNIVERSITY, SAGAR (M.P.)

Application Form for Contingency/Imprest Advance

University A/c No. ..... A/c Head .....

Project Name & No. (if any) .....

1. Department .....

2.Name ..... Designation.....

3.Purpose of the advance.....

4. Amount of advance (In figure).....

(In words).....

5. Previous advance (s) drawn (if any) during current financial year

(i) No. of advance drawn.....

(ii) Advance drawn on.....

(iii) Accounts submitted on.....

Date: Signature of Applicant

Recommended/Approved for approval
Signature of the Head of Department / School Dean
Date

.....

Sanctioned

HoD / School Dean/ Registrar/Vice-Chancellor

.....

FOR USE IN ACCOUNTS SECTION ONLY

Advance No:. _____ Date _____

Voucher No:. _____ Date _____

Dealing Assistant Superintendent AR (F&A) DR (F&A) FO

{*} Note: 1) Request for Consumable and non consumable advance should be submitted separately.

2) The advance shall be settled within 15 days.

3) No further advance will be sanctioned if previous advance drawn by the employee is not settled.

Total unsettled advance of a department/section should not be more than four.