|  |  |  |
| --- | --- | --- |
|  |  | **FORM NO.: SS04**  **STORE/IN/IV/DP/No.\_\_\_\_\_\_\_\_\_\_**  **Financial Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(To be filled by Store Assistant)** |
| **भण्डार जारी पावती -पत्र (सीधे क्रय** **से)**  **STORES ISSUE VOUCHER (DIRECT PURCHASE)**  (**Rule No-154, GFR-2017** Purchase of goods upto the  value of **Rs. 25,000/-**) |

(To be prepared **in duplicate**. One copy will be forwarded to Finance and one held with Store Office.)

**Name of Custodian of Assets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Project No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inventory No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Item purchased under buy-back (Yes/No)- Item purchase information (Purchase date/ PO No/ GeM /Direct purchase\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Item Receiving Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.** | **Gem Order No.** | **Name of Supplier** | **Bill No & Date** | **Item Name and Specification** | **Qty** | **Con/**  **Non-Con** | **Unit Price** | **Total** | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | |
|  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  | |
| **Total Amount** | | | | | | | |  |

**CERTIFICATION BY USER DEPARTMENT**

1. Certified that the items mentioned in the form have been inspected and found acceptable by the undersigned in accordance with the quality and quantity and specification(s) and price.
2. A demand of goods is not divided into small quantities to make piecemeal purchases to avoid the necessity of obtaining the sanction of higher authority required with reference to the estimates value of the total demand (As per GFR 2017 Rule No. 157).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Custodian/Indentor Signature of PI/HOD**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue Approved** | **Items Received** | **Items issued** | **Actioned in Ledger** |
| Signature  Store Officer/Manager  Name:  Date: | Signature  Receiver of items  Name  Date: | Signature  Store Assistant  Name:  Date: | **Sl. No. Con/Non-Con\_\_\_\_\_\_\_\_\_.**  Signature  Store Assistant  Name:  Date: |

**Enclosures checklist: (Duly filled form, certified by indenter/custodian and HOD)**

**1. Invoice 2. PO/GeM Copy 3. Delivery Challan 4. Any other document which is relevant to.**