

भारतीय प्रौद्योगिकी संस्थान इंदौर Indian Institute of Technology Indore

भण्डार मांग-पत्र

STORES ISSUE VOUCHER

(For all Equipment, consumables, Non-Consumables etc.

FORM	NO.:	SS01

STORE/IN/IV/PO/No
Financial Year:
Date:
(To be filled by Store Assistant)

(To be prepared	in duplicate. One copy will be	be forwarded to Finance and one held with Store Office.)	
Name of Custodian of Assets:		Designation:	
ID No	Department:	Inventory No.:	
Location: Building		Room No.:	
Item purchased	under buy-back (Yes/No	o):- Item purchase information (Purchase date/ PO	
No/ GeM /Direct	purchase		
	•	my office use to me/or the bearer whom I authorize to receive the stores on my behalf.	
Name:	the Custodian/Indentor	Signature of PI/HOD Name:	

SI. Item	Item Name	Itom Charification	Con/	Quantity		Cost	
No.	Code	item Name	Item Specification	N-Con	Req.	Issued	(INR)
1	2	3	4	5	6	7	8

Issue Approved	Items Received	Items issued	Actioned in Ledger
			SI. No. <u>Con/Non-Con</u>
Signature	Signature	Signature	Signature
Store Officer/Manager	Receiver of items	Store Assistant	Store Assistant
Name:	Name	Name:	Name:
Date:	Date:	Date:	Date:



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FORM NO.: SS01

स्वीकारता / अस्वीकारता प्रमाणपत्र ACCEPTANCE/REJECTION CERTIFICATE

(For all Equipment procured on demanded by user section)

CERTIFICATION BY THE INDE	ENTOR:		
Date of Delivery of the material: Location: Building Installation required: Yes / NO If required, date of Installation: (Please attach installation certificate clearly	Room No Signature of the Indentor		
1. Supplier's Name & Address:	<u>2.</u> PO No. & Date:		
3. Budget Head of Account:	4. Challan No. & Date:		
5. Invoice No. & Date:	6. Invoice amount:		
7. Project No.(if applicable):	8. Name of Project Investigator/ Indenter:		
acceptable by the undersigned in acc purchase order.	d against the above Invoice have been inspected and found ordance with the quality and quantity and specification(s) in our cicate/document is enclosed. Recommended for processing order.		
Indentor Name: Date:	HOS/HOD/DEAN Name: Date:		
1. The items are rejected for the follow	JECTION CERTIFICATE ving reasons:-		
Indentor Name: Date:	HOS/HOD/DEAN Name: Date:		

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

1. Original Invoice 2. Delivery Challan 3. PO/GeM Copy 4. Installation/Service Report 5. Warranty Certificate