Indian Institute of Management Raipur

Requisition for Advance

Date:		Signature
	of Rsection through in cash /cheque No	
	RECEIPT	
Account/ Finance dept.		
То ,		
Date:		Authorized signatory CAO
sanctioned in the name of	Mr. /Dr.	
Date:		Signature
I hereby agree to settle the	advance within 3 weeks from the date of dr	rawn of advance.
Remarks	:	
Required Amount	:	
Purpose of Advance	:	
Recommended by	:	
Designation	:	
Name of Person requesting	; :	