

PSS Central Institute of Vocational Education  
Shyamla Hills, Bhopal

**FORMAT FOR PAYMENT**

Dated: \_\_\_\_\_

Title of the Programme/Activity:  
\_\_\_\_\_

Date/s of Programme: From/on \_\_\_\_\_ to \_\_\_\_\_

Sanction Order No.: \_\_\_\_\_ Dt. \_\_\_\_\_

It is requested to kindly arrange for release of payment of the following against the Sanction order mentioned above:

Sl. No.	Particular	Amount	
		Sanctioned	Payment
1			
2			
3			
4			
5			
6			
7			
8			
<b>TOTAL</b>			

Note:

Signature

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

Designation: \_\_\_\_\_

**Encls:**

- 1 No. of Vouchers/Bills \_\_\_\_\_
- 2 Copy of Sanction Order
- 3 Attendance sheet of Participants (In case of TA/DA)
- 4 Any other (Pl. Specify) \_\_\_\_\_

To,

**Accounts Officer**