

# Rajendra Institute of Medical Sciences

RIMS, Ranchi – 834009

## FORMAT FOR TEMPORARY ADVANCE (For Bank Transfer)

1. Name of the Applicant :.....
2. Designation :.....
3. Department/Unit :.....
4. Purpose for taking Advance :.....
5. Amount of Advance applied for :.....
6. Beneficiary Name :.....
7. Bank Name :.....
8. Account Number :.....
9. IFSC Code :.....

Signature of Applicant

Date:.....

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### FOR OFFICE WORK

Previous amount Rs.....dated.....Settled/Unsettled on.....

Remaining balance amount Rs..... Total Balance Rs.....

Sanctioned of Rs.....,(.....)

Accountant

Accounts Officer

Deputy Director (Finance)

Amount transferred vide Cheque no.....Dated.....Rs.....

Cashier Signature