**Annexure-II**

**(This format for Single Party Payment / All Paid by coordinator)**

**Five days STTP/Workshop etc. on “ XXX ”**

**Duration:** May **XX-XX,** 2021

**Coordinator:**

**Department:**

**Statement List of Bill**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SR. No.** | **To Whom paid** | **Invoice No.** | **Date** | **Amount (Rs.)** |
| 01 | Sanket Art |  |  |  |
| 02 | Sanket Art |  |  |  |
| 03 | Sanket Art |  |  |  |
| **Grand Total Amount(Rs.)** | | | |  |

**(Note: If paid by Coordinators please write paid by me with Sign)**

**(Name of Coordinator)**

**Course Coordinator**

**Enclosed:** (1) All original bill with sign of Coordinator

(2) Original Submitted/Approval if any taken for above items or Expenses

(3) GFR Certificate (rules, 154 or 155)

(4) Copy of Complete Statement of Expenditure

(5) Copy of CCE Approval