

Entered in Exam. Register

with no. : _____

Date : _____



SARDAR PATEL UNIVERSITY
VALLABH VIDYANAGAR

Voucher No. : _____

Date : _____

Exam Code : _____

Name of Faculty : _____

(C) MISCELLANEOUS CHARGES CODE (50069)

REFRESHMENT ALLOWANCE

To, The Registrar, Sardar Patel University, Vallabh Vidyanagar

Note:

- 1) All entries in this form must be filled in by the person preferring the bill. Incomplete form will not be accepted for payment.
- 2) Payment of this bill will be made in your Bank Account provided by you.

Full name of Examiner(CAPITAL LETTER)_____

Examination in Month of _____20____. Place of Central Assessment _____

Full Address of College/Department_____

The amount due to me as **SPECIAL AND REFRESHMENT ALLOWANCE** for the below examinations

Subject Code	Appoint. order No.	No. of Answer books / Questions Assessed	Dates of Assessment	Total No. of Days for Assessment	Total Allowance
Total Refreshment Bill (C)					

I declare that the above information is provided by me is correct.

Date : _____ Sign. of Examiner _____ Sign. of Coordinator _____

Checked by (Exam. Section)

O.S./Statistician (Exam Section)

For the use of Account Section only

Total Refreshment Bill (C) Passed for Pay _____

(_____ Only.)

Checked by

Dy. Accountant

C.A.O.

Registrar