

SAURASHTRA UNIVERSITY

EXAMINATION PAYMENT - MISC.

Statement of Expenditure of Conveyance Charges

Centre _____

College _____

_____ Examination March / April
October 200

*Serial No.	Name of the owener of the Vehicle	Address of the owner	Registration No. of the Vehicle	Amount Paid		Remarks
				Rs.	Ps.	

I hereby certify that the above is the actual expenditure incurred

Signature of the officer concerned.

*Please state this Serial No. on every voucher Receipt.

Note : (1) All receipts should be carefully pasted serially on a fullscap size paper slip, leaving sufficient margin for punching while filling No, Payment will be made on strength of certificates Receipts fron party concerned must be obtained.