



**NATIONAL INSTITUTE OF TECHNOLOGY
ROURKELA – 769 008**

PART – I

PURCHASE REQUISITION AND FUND AVAILABILITY FORM

Department : _____

Head of Account: ID: _____ Description: _____

Requisition No.: NITR/PR/_____ Date: _____
(Department/Grant/Lab/Year/SI. No.)

Responsible faculty/Officer _____ Telephone _____

SI. No.	Firm on which order is to be placed (Name and Address)	Brief description of Stores Details attached in separate sheet(s) Use a separate sheet for each firm	Total value for each firm
Grand Total			

1. Routine purchase procedure followed : _____ Yes / No

2. If no, give justification. (In case of proprietary Item, necessary certificate to be furnished) : _____

3. Validity of quotation up to (the earliest) : _____

4. Terms of payment recommended : _____

5. It is certified that the stores requested are needed by the department to academic or official work. The department has the facility for utilizing the material or services.

Responsible Faculty/Officer

Head of the Department

CC: 1. Departmental Purchase file.
2. Prof./Mr. _____ for follow-up as needed.

COMMENTS OF INTERNAL AUDIT UNIT

1. Vetted / Non-vetted _____
2. (a) Routine purchase procedure followed : Yes/No
 (b) Special purchase procedure followed (if any): _____
3. Validity of quotation up to _____
4. Terms of payment _____
5. Other Observations _____

6. The purchase proposal is in order except for observations noted under Item 5.
7. Proposal recommended subject to availability of funds
 Not recommended with reasons : _____

Audit Assistant

Assistant Registrar (Audit)

Fund Availability

- Note:** 1. Fund Booking is required for all purchases.
 2. All purchase proposals above Rs.15,000/- are to be pre-audited.

Account Head ID - _____
 Department _____
 Head of Account _____
 Total Grant allotted under Account head _____
 Total Expenditure incurred including this purchase _____
 Balance available _____
 Fund Booked Rs. _____ (Inclusive 5% for domestic purchase and 10% for import)
 Vide Page No___ Item No._____of the relevant register.

Date: _____

Finance Officer

The above purchase is approved. Kindly place purchase order with the firm(s).

**Sanctioning Authority
 (Director/Dean/HOD)**

To
 Registrar/Deputy Registrar (Purchase)