

Request form for Billing*



PEC University of Technology
CHANDIGARH

(Performa for making request for issuance Billing for Consultancy and Testing Projects)

1. Project Title/Description _____
2. Name of the Client _____
3. Job Approval No _____/_____/_____ Dated: _____
4. Billing Amount Rs. _____
5. Payment through Cash /Cheque/DD No. _____ Dated _____

Name & Signature of P.I

D.A. - Copy of Job Approval Form

OFFICE OF THE DEAN, R P&D, PEC UNIVERSITY OF TECHNOLOGY, CHANDIGARH

*The Bill of Rs. _____ in favour of _____
against Job Approval No. _____ dated _____ may please be issued.*

Officer in charge Consultancy

ACF&A

** To be submitted in triplicate*