



भारतीय प्रौद्योगिकी संस्थान रोपड़
INDIAN INSTITUTE OF TECHNOLOGY ROPAR
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Deptt. IR No: _____

Dated : _____

MATERIAL INSPECTION REPORT & PROPOSED PAYMENT

Part -A (To be Filled by Department Office)

Indenter Name & Department:					
P.O. No.		Dated:		P.O. Amt.:	
Supplier:					
Invoice No.	Invoice Date	Invoice Amt.	Gate Entry / Vehicle No. Details/ Courier Detail or Tracking Ref. No.		

Sl. No.	Name of item(s)	Qty. Ordered	Qty. Received	Date of Delivery (as per Work Order / Purchase Order)	Actual Date of Delivery	Serial no. of Each item in case of LTA/NC	Date of Installation of Item, if applicable	Current Location of Each item
1								
2								
3								
4								

Deptt. Stock Register	Page no. and Entry Serial no.	Date of Stock Entry	Category of Material/ Item (Please tick as per actual)
...../...../...../.....	Consumable / Limited Time Asset / Non Consumable

Name of Inventory Holder (In Capital letter) _____

(In case of more than one inventory holder please enclosed separate list containing their name and Signature with date)

Certified that material (s) has/have been examined and received by the Inventory Holder and found acceptable according to quality, quantity and specifications ordered as per aforementioned details. Payment may be released/ adjusted as per the T&C of purchase order. In case of non availability of the Gate Entry / actual date of delivery of material, the delivery dated mentioned on the work order will be considered to calculate the LD charges (if any).

Signature of Dealing Assistant _____ **Signature of Inventory Holder with Date** _____

Part-B (To be filled by Stores & Purchase Section)

CS Entry No.: _____ **Dated:** _____

The item has been entered in Inventory Management System (IMS) at Sr. No. _____ **dated** _____

LD Calculation

No. of Weeks _____ **& Days** _____ **for LD** **Rate @** _____ **% per week** **(Rs.)** _____

In case of foreign payment, the LD will be calculated by the Accounts section as per actual exchange rates.

File may be forwarded to the Accounts / Audit for further necessary action please.

JA / SA (Stores)

Jr. Supdt / Supdt. (S&P)

AR / DR / JR (S/P)

Part-C (For the use of Accounts Section only)			
Payment released/adjusted vide Cheque/DD/Online Transaction No. _____ Dated _____ Rs. _____ against above mentioned Invoice/Bill.			
Voucher No. (Journal /Payment) _____		Dated _____	
JA / SA (Accounts)	JAO	AO (Accounts)	AR / DR / JR (Accounts)

(PLEASE FORWARD TO THE S&P SECTION AFTER PAYMENT)