

REQUISITION SLIP

RAIPUR INSTITUTE OF TECHNOLOGY *TESTING PROFORMA (IN TRIPLICATE)*

REQUISITION SLIP

Ref. No : _____

Date : _____

From : _____

To,
The Director,
Raipur Institute of Technology,
Raipur (C.G)

Name of the test to be conducted : _____

No. of samples to be issued :

Date : _____

Signature :

Name :

PROFORMA BILL

Testing / Consultancy No. : _____ Name of the Dept. : _____

Reference No. : _____ Date : _____

S. No	Details of Testing	Rate	No. of Test	Amount (Rs.)	Remarks

Total Amount in Rs. : _____

(Amount in words Rupees : _____)

Signature of Testing Officer
Dept.

Signature of Head of the

BILL RECEIPT

(To be filled by office)

Received the amount of Rs. _____ towards
the testing charge for conducting _____ test
_____ samples at Dept. of _____

Raipur Institute of Technology, Raipur (C.G)

Date : _____
Accountant

Signature

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- Note :**
- I. The above proforma is to be filled in Triplicate.
 - II. The test will be conducted only after the receipt of the due payment as per the bill.
 - III. Please Quote Test / Consultancy No. for further correspondence.