



St. Xavier's College, Jaipur
Accounts Office

Payment Requisition Form
(Session 2022-23)

Description of Event/Bill (for which payment to be made): _____

Name of Department/Unit of College: _____

Payable To: _____ **Amount:** _____

Payment Date: _____ **Billing Date:** _____ **Invoice No:** _____

<i>S. No.</i>	<i>Transaction Description & Purpose</i>	<i>Amount</i>
Total		

Account Details for Online Transfer

<i>Account Number</i>	<i>Account Name</i>	<i>IFSC</i>	<i>Amount</i>

Requested By: _____ **Approved By:** _____

Designation: _____ **Designation:** _____

Sign: _____ **Sign:** _____

Date: _____ **Date:** _____

Remarks (if any):

Accounts Office:

Date of Transfer:

Mode of Transfer (Cash/Online):

Sign of Accountant: