



भारतीय प्रौद्योगिकी संस्थान रोपड़
INDIAN INSTITUTE OF TECHNOLOGY ROPAR
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Deppt. 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								

Deppt. 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 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)

DRR Entry No.: _____	CS Entry No.: _____	Dated: _____
Name of Stores Stock Register	Page no.	Sl. no.
Personal Inventory Register Page no.	Serial No.	
LD Calculation		
No. of Weeks _____ & Days _____ for LD	Rate @% _____	LD Amt. (Rs.) _____
<i>In case of foreign payment, the LD will be calculated by the Accounts section as per actual exchange rates.</i>		
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)