



Expense Approval Note Against Budget

Print Date : 10/05/2024

Approval ID	: 127
Approval For	: ACCOUNT
Department Name	: B. PHARMACY
SUBJECT	: requirements for project work

Details :

Respected sir

please find the attached file.+

		Allocation :- 0
		Allocation :- 0
Particular	Qty.	Required Amount
chitin (Remarks : chitin)	1	693
ketoconazole (Remarks : ketoconazole)	1	623
TOTAL		1316
GRAND TOTAL		1316




Request to please approve the expense,


Regards,

Mr. MAHESH KAMALJA

B. PHARMACY

* Approval Authority *

	30051 - Mr. MAHESH KAMALJA		30007 - Dr. GANESH TAPADIYA		10003 - Col. JOY DANIEL
Creator	RS 1316	07/05/2024	02:18 PM	Approved	RS 1316
				08/05/2024	12:45 PM
				Approved	RS 1316
				08/05/2024	03:23 PM

	10006 - Mr. DEEPAK SHELKE
Pending	RS 0
	08/05/2024
	03:23 PM