



Expense Approval Note Against Budget

Print Date : 09/07/2024

Approval ID	: 234
Approval For	: ACCOUNT
Department Name	: D. PHARMACY
SUBJECT	: Printer Toner Refilling (SYIPER D.Pharm-011)

Details :

Respected Sir

I m requesting a refill for our Syiper D.Pharm Printer in room no.011 . as a printer used for daily operators kindly process this request

		Allocation :- 0
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Particular	Qty.	Required Amount
Printer Toner Refilling (SYIPER D.Pharm-011) (Remarks : Printer Toner Refilling (SYIPER D.Pharm-011))	1	300
TOTAL		300
GRAND TOTAL		300




Request to please approve the expense,

Regards,

Mr. GANESH CHAVAN

D. PHARMACY

* Approval Authority *

	30045 - Mr. GANESH CHAVAN		30007 - Dr. GANESH TAPADIYA		10003 - Col. JOY DANIEL
Creator	RS 300	08/07/2024 10:56 AM	Approved	RS 300	08/07/2024 04:50 PM
	10135 - Mr. SURENDRA DIXIT				
Pending	RS 0	09/07/2024 12:37 PM			