



Expense Approval Note Against Budget

Print Date : 10/04/2024

Approval ID	: 46
Approval For	: ACCOUNT
Department Name	: D. PHARMACY
SUBJECT	: EXAM DEPARTMENT SYIP

Details :

I NEED THIS STAMP FOR EXAM PURPOSE

		Allocation :- 0
		Allocation :- 0
Particular	Qty.	Required Amount
Rubber Stamp (Remarks :)	1	300
TOTAL		300
GRAND TOTAL		300





Request to please approve the expense,

Regards,

Mr. SIDDHARTH CHATSE

D. PHARMACY

*** Approval Authority ***

	40006 - Mr. SIDDHARTH CHATSE		40007 - Ms. BHAGYASHALI PAWAR		10003 - Col. JOY DANIEL	
Creator	RS 300	06/04/2024 12:27 PM	Approved	RS 300	08/04/2024 07:12 PM	
			Approved		RS 300	10/04/2024 12:35 PM
	10006 - Mr. DEEPAK SHELKE					
Pending	RS 0	10/04/2024 12:35 PM				