

OPERATING INCOME APPROVAL FORM

Name of Organization:

Address:- Rathinam Techzone Campus, Pollachi Main Road, Coimbatore

Department :

Date :

Sr. No.	Description	Amount
	Particulars of Chequee / DD / Transaction No Chequee or DD No or Transaction No: Date of Transaction : Bank Particulars :	

Total : In words

Submitted by Name :

Signature :

Department :

Authorized By	Approved By
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Budgeting Heads

1. Tuition Fee	8. Alumni Fees	13. Application Fees		
2. Research	9. Graduation day Fees	14. Govt. reimbursement (SC /ST)		
3. Consultancy	10. Condonation Fee	15. Transport Fee		
4. External Contribution (FDP/Conference)	Fine & breakage	16. Scheme funding		
5. Records & Practical's	11. College day fees	17. UTL Course Fees		
6. Internal Exam Fees	12. Material Fees			
7. External Exam Fees	13. Admission Fees			

Forwarded to : Accounts Department

Budget Tracking Purpose

Budget H No	Allotted Budget	Available Budget (current status)	Amount Spent	Amount Received	Current Balance = (Available budget + Amount Received)	Entered & Verified Signature of Unit Head
						Signature:

For Accounts Department use :-

Date of entry passed:-

Initial:-

Dr:

Cr: