



St. Joseph's College of Engineering
Chennai - 600 119.

Budget Formats

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**St.JOSEPH'S COLLEGE OF ENGINEERING
DETAILED BUDGET FOR THE YEAR**

S. No.	Description of the Item	Non-Recurring		Recurring	
		Budget	Expenses	Budget	Expenses
Laboratory equipment					
Consumables					
Maintenance & Spares					
R&D					
Department Activities					
Grand Total					

SIGNATURE

**St.JOSEPH'S COLLEGE OF ENGINEERING
BUDGET FOR THE YEAR**

DEPARTMENT:

S. NO	DEPT	Equipme nt	Consum ables	Maintenance and spares		R& D		Dept Activities	TOTAL		GRAND TOTAL
		Non Recurring	Recurring	Non Recurring	Recurring	Non Recurring	Recurring	Recurring	Non Recurring	Recurring	
1											

St. JOSEPH'S COLLEGE OF ENGINEERING

MONTHLY BUDGET

DEPARTMENT:

RECURRING BUDGET

To be submitted on or before 20th of every month.

EXPENSES FOR THE MONTH OF February 2019 -----			BUDGET FOR THE MONTH OF March 2019 -----	
BUDGET (Rs)	SPENT (Rs)	LAPSED (Rs)	DETAILS	AMOUNT (Rs)
TOTAL				

NON RECURRING BUDGET

EXPENSES FOR THE MONTH OF -----			BUDGET FOR THE MONTH OF -----	
BUDGET (Rs)	SPENT (Rs)	LAPSED (Rs)	DETAILS	AMOUNT (Rs)
-	-	-	-	-
TOTAL				-

GRAND TOTAL (SPENT)		GRAND TOTAL	
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Signature of the Principal

Signature of HOD/In-Charge



You Choose ,we Do it

St. Joseph's College of Engineering
 (St. Joseph's Group of Institutions)
 OMR, Chennai-600 119

CONSUMABLE REQUEST FORM

1. Department :
2. Staff / HOD's Name :
3. Purpose :
4. Amount : Rs.
5. Date :
6. Whether the accounts settled } : Yes / No
 for the previous amount received }
7. Details
 - a) Amount received : Rs.
 - b) Date :
 - C) Account Settled : Yes / No
 - d) Balance In hand :
8. With this required amount the total } : Rs.
 will be (add the balance amount of the }
 Previous account 7d and 4) }
9. Signature of the HOD :
10. Signature of the Chairman & Managing Director:

St. JOSEPH'S COLLEGE OF ENGINEERING
St. Joseph's Group of Institutions
OMR, Chennai-119

Bill No:

Budget / Department Academic Year		
Purpose	:	
Pay to	:	
Amount to be paid	:	
Name of the In-charge	:	Sign:
Name of the HOD	:	Sign:

1. Total approved budget for this Month	:	
2. Utilised so far	:	
3. Current Bill Amount	:	_____
4. Balance	:	
If Balance exceeds than budget +		-

For Office Use Only:

Cheque No :	Dated:	Account No. 6154718818
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Cheque Received

Name:

Date :

Mobile No:

Signature:

Director	Managing Director
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AMStctt 15/10/18

St. JOSEPH'S COLLEGE OF ENGINEERING
CHENNAI - 600 119.
PURCHASE COMMITTEE APPROVAL

Date :

S.No.	Name of the Staff	Signature of the Staff
1.	Ms. V.R. Jayarama	
2.	Mr. S. Rajesh Kannan	
3.	Dr. G. Murugan	
4.	Mr. T. Balamurugan	
5.	Mr. R. Pugaijenthir	
6.	Ms. V. Anjana Devi	

BILL PASSING

This is to certify that the equipments have been received in good condition and tested OK. They are entered in the stock register titled in this Dept. of as item No's..... in page No..... This invoice (No.....) is passed for payment as detailed.....

Lab-in-Charge

H.O.D

Principal