	Item One only	

Place : Signature:..... Signature.....

Date : Name of Coordinator..... Name of Liaison Officer.....

All the above items (except .....) .....)are supplied to the Liaison Officer on .....(date) with our bill No..... date.....for an amount of Rs.....1008/=/-

Place : Signature .....

Date : Name of the Supplier.....

The items supplied by the supplier are issued to the Coordinator and entry to the effect has been made in Stock Register at page number .....dated.....

Date : Signature of ..... Liaison Officer

(CF No.:S1-8085)