

INDIA TRADE PROMOTION ORGANISATION
FINANCE & ACCOUNTS DIVISION
(BILL CHECKING SECTION-NW)

Dated 23.07.2017

CIRCULAR

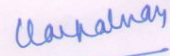
It is to inform that consequent upon implementation of GST by the Govt. of India with effect from 1st July, 2017, it has become mandatory to provide the following additional information of the service provider(s) /supplier of the goods to ITPO while forwarding the bill(s) for payment to Finance & Accounts Division.

(1) GSTIN Number (2) State Code (3) HSN Code/ Service Accounting Code

Accordingly, the Bill Forwarding Performa has been amended incorporating the above mentioned requisite information. The revised bill forwarding Performa is attached herewith for use by all concerned in respect of the bill (s) consisting date 1st July, 2017 onwards.

It is requested that the bill (s) / claims may be forwarded to Bill Checking Section (NW) in the new bill forwarding Performa duly filled in all respect along with all supporting documents.

Co-operation of all concerned are solicited to process the bill(s) for payment expeditiously.


(Harpal Singh)
Manager (F&A/cs)

To,

All concerned.

Copy to,

GM (JD), GM (JGS), GM (VM), GM (AKV), GM (SRS), FA&CAO

Copy to:

PA to ED, PS to CMD for information

INDIA TRADE PROMOTION ORGANISATION
(FINANCE AND ACCOUNTS DIVISION)
BILL FORWARDING PROFORMA

The enclosed Bill No. _____ dated _____ for Rs. _____
(Rupees _____) only has been approved
by _____ on page No _____ on file No. _____ The Purchase was
made at the competitive rates after inviting tenders, quotations Where ever necessary (if
tender/quotations were necessary were not invited please give the reason for not doing so.).The
material has been received in good condition and according to the specification, has been taken into
stock as per certificate recorded on each bill.

Service has been rendered satisfactorily.

Whether the payee is a MSME

Yes/No

Items on which GST has been charged wherever applicable in accordance with the rule.

1.Name& Address of the beneficiary as per the bank account : _____

2. Bank Account Number: _____

3.Beneficiary's Bank name & Address: _____

4.IFCS/RTGS/code of the bank : _____

5.Pan NO.: _____

6.GSTIN: _____

7.State – Code: _____

8.HSN Code/Service Accounting Code : _____

9.Name of the Project/Event/Fair : _____

10.Sanctioned Budget: _____

11.Amount already incurred against: _____
Sanctioned Budget

12.Amount of this bill : _____

NOTE: All the information(s) is to be filled mandatorily.

(_____)
D.M/Manager/Sr. Manager
Internal Phone No.....
Room No.....