

Request form for Billing



**PEC University of Technology**  
CHANDIGARH

*(Performa for making request for issuance Billing for Consultancy and Testing Projects)*

**Dean SR&IC**

1. Project Title/Description \_\_\_\_\_
2. Name of the Client \_\_\_\_\_
3. Approval No. \_\_\_\_\_ Dated: \_\_\_\_\_
4. Billing Amount (inclusive of TDS, Service Tax etc.) in Rs. \_\_\_\_\_
5. Payment through Cash /Cheque/DD No. \_\_\_\_\_ Dated \_\_\_\_\_

Dated:

Signature \_\_\_\_\_

Name of P.I. \_\_\_\_\_

Department \_\_\_\_\_

**Dean Sponsored Research,  
& Industrial Consultancy**

**D.A. - Copy of Job Approval Form**

***Forwarded to:***

**A.C.F.A for necessary action**