**ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE**

**Stores Section**

**------------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Monthly Report for the Month of…..**

1. **Materials Indented**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No | Details of the Item & quantity | Indented Dept./Section & date of Indent  (*if applicable*) | Purchase Order No. & Date | Firm details, Invoice no. & date |
|  |  |  |  |  |

1. **Receipt of Materials**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Details of the Item & quantity | Indented Dept./Section & date of Indent | Purchase Order No. & Date | Firm details, Invoice no. & date | Amount | Goods Receipt No. & date | Date of stock entry & DRS No. |
|  |  |  |  |  |  |  |  |

1. **Materials rejected**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Details of the Item & quantity | Indented Dept./Section & date of Indent | Purchase Order No. & Date | Firm details, Invoice no. & date | Amount | Goods Receipt No. & date | Date of rejection & reason |
|  |  |  |  |  |  |  |  |

---------------------------------------------------------------------------------------------------------------------------------------------------------------------

Report prepared by Report checked & verified by