STATEMENT OF EXPENDITURE TO -MAHARASHTRA STATE AIDS CONTROL SOCIETY-MUMBAI

OR	OURING - RS <u>40</u> OS RECEIV	00/- (F			and only
Sr. No.	Cheque/ Voucher No.	Voucher Dt.	Amount	Supplier/Party/ Participant/Others	Purpose Of Expenditure
1			500	3K3KAAAB	
			1000	एस बिन जाभूती	
			1000	राष्ट्रीशसुवा विन	
			500	2रेशमध्य	
			1000	आर आर सी भिंत	
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implementing Officer

Signature with Stamp)

Mod. M.V. Wasaekar)

Head of the Institution (Signature with Stamp)

Art Principal
AYEK'z College of Education DHULE

UTILISATION CERTIFICATE

Rain Care

(In Figures) Rup Were received vid	ces – <u>Fouv</u> te Cheque No. / D	Thousand Only Demand Draft No On	(In Words)
06 10 12022 Out of which Rs.	<u>4000/-</u> (In F	Figures) (Rupees - 10 (In Words) has been ut	ur Thousand Only.
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day, date time, du	ration of the same apportive with Bil	e) the enclosed Stateme	Event/ Others along with nt of Account sent to you grant in the best interest o ciety.
day, date time, du is authentic and su the said Programm	ration of the same apportive with Bil ne as per the Dire	e) the enclosed Stateme Ils & Vouchers, the said ectives issued by the So	nt of Account sent to you grant in the best interest of ciety.
day, date time, du is authentic and su the said Programm	ration of the same apportive with Bil ne as per the Dire	e) the enclosed Stateme Ils &Vouchers, the said ectives issued by the So	nt of Account sent to you grant in the best interest of ciety.

Implementing Officers
(Signature with Stamp)

Hwayaulau

Poof. M. V. Wasaekar)

Head of the Institution (Signature with Stamp)

Science

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