

# UNIVERSITY SCIENCE INSTRUMENTATION CENTER

**JIWAJI UNIVERSITY, GWALIOR - 474011**

WORK---ORDER

Ref. No. .... Date.....  
Name of the Indenter/  
Indenting Department : .....  
Name in which billing : .....  
is to be done : .....  
Address: : .....

NOMENCLATURE	QNTY.	DESCRIPTION OF WORK OR FAULT	REMARKS

Enclosed with the job 1. : .....  
2. : .....  
.....

**NOTE : A SEPARATE WORK ORDER SHOULD BE SUMITTED FOR EACH INDIVIDUAL ITEM/ UNIT**

Person related to the work Head/ Coordinator of the  
Department/Organisation/  
Authorised Signatory  
Name : ..... Signature .....  
Signature : ..... Seal : .....

**ARTICLES CHECKED & RECEIVED :**

Name : ..... Date..... Signature .....

**FOR U.S.I.C. USE ONLY**

Work Order No : USIC/ .....Token No.....

Estimate No. : USIC/ .....Dt: .....of RS.....

Advance amount: Vide Cash receipt No. ....Dt.....of RS.....

Final payment : Vide receipt No. ....Dt.....of Rs.....

Remark:.....  
.....

Foreman/S.T.A

Head USIC