



# GILGIT-BALTISTAN RURAL SUPPORT PROGRAMME

(Established by the Government of Gilgit-Baltistan under Section 42 of Companies Act 2017)



## TRAVEL AUTHORIZATION FORM

Travel Detail(To be filled by Individual)

(To be submitted minimum 3 working days before travel)

Name of Individual: \_\_\_\_\_ Designation: \_\_\_\_\_

Section: \_\_\_\_\_ Unit: \_\_\_\_\_

### Travel /Flight Arrangements

Date (dd/mm/yy)	From	To	Travel by	Road <input type="checkbox"/>	Air <input type="checkbox"/>

Funding Source: \_\_\_\_\_ Section \_\_\_\_\_ ActivityName: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

Vehicle Request: ☐ Official ☐ Rented ☐ Date: \_\_\_\_\_

Signature of Individual:

Verified by Section Head

### Budgeted

Budget Availability : Yes ☐ No ☐

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED BY: ☐ DoM ☐ PM ☐ GM ☐ CEO

Date: \_\_\_\_\_

\*For GM.....(Approval of CEO)

\*For PMs.....(Approval of GM)

\*Outside province travel will be approved by GM/CEO

\*Within Region.....District DoM

\*Out of Region.....District PM



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## PERSONAL ADVANCE REQUEST FORM

Employee Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Section: \_\_\_\_\_ Location: \_\_\_\_\_

Amount Rs: \_\_\_\_\_ Rupees (in words): \_\_\_\_\_

For (Reason) \_\_\_\_\_

Requested by
Date:

Verified by Section Head
Date:

### Verification by Finance Section

Previous Balance	New Advance	Total Advance

Monthly Installment	From	To

### SIGNATURES

Verified by Finance
Date:

Approved by
Date:



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## ADVANCE FOR ACTIVITY

Employee Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Grant: \_\_\_\_\_

Project: \_\_\_\_\_

Location: \_\_\_\_\_

Activity Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

S.No	Line Item Name	Days	No of Participants	Rate	Amount
Total					

*Note: Staff will adjust this advance within seven working days after completion of activity. In case of failure to submit bills against advance, the advanced amount will be deducted from their salary.*

Requested by
Date:

Verified by Section Head
Date:

### Reviewed by Finance Section

Budget Availability

☐ Yes

☐ No

Designation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

### Approved by

Designation \_\_\_\_\_

Signature \_\_\_\_\_



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S.No: \_\_\_\_\_

## PURCHASE REQUISITION

Service Requisition ☐

Material Requisition ☐

Capital Requisition ☐

Requested Date: \_\_\_\_\_ Grant & Project: \_\_\_\_\_

Location: \_\_\_\_\_ Activity: \_\_\_\_\_

S.No	Item Description / Specification	Unit	QTY Required	Estimated Price	Total

Requested by	Verified by Section Head
Date:	Date:

### Budget Verification by Finance Department

Budget Availability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____
Reviewed by Finance			Approved by



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S.No: \_\_\_\_\_

## GOOD RECEIPT NOTE (GRN)

Date: \_\_\_\_\_ Grant: \_\_\_\_\_ Project: \_\_\_\_\_

Supplier: \_\_\_\_\_ Vehicle No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Location: \_\_\_\_\_ PO No: \_\_\_\_\_ PO Date: \_\_\_\_\_

S.No	Item Description / Specification	Unit	Quantity	Stock Register No	Remarks

Other Remarks \_\_\_\_\_

\_\_\_\_\_

Prepared By \_\_\_\_\_

Received By \_\_\_\_\_



(Office Copy)  
Gilgit Baltistan Rural Support Programme  
(GBRSP)

**FUEL ISSUE SLIP**



GBRSP

Date \_\_\_\_\_

Region \_\_\_\_\_ Slip No. \_\_\_\_\_

Filling Station \_\_\_\_\_ Veh.No. \_\_\_\_\_

Meter \_\_\_\_\_ Driver \_\_\_\_\_

Description	Qty in LTRs	Unit Cost	Total Cost
Diesel			
Petrol			
Hi. Octane			
Total:			

Authorized Person \_\_\_\_\_



(Filling Station Copy)  
Gilgit Baltistan Rural Support Programme  
(GBRSP)

**FUEL ISSUE SLIP**



GBRSP

Date \_\_\_\_\_

Region \_\_\_\_\_ Slip No. \_\_\_\_\_

Filling Station \_\_\_\_\_ Veh.No. \_\_\_\_\_

Meter \_\_\_\_\_ Driver \_\_\_\_\_

Description	Qty in LTRs	Unit Cost	Total Cost
Diesel			
Petrol			
Hi. Octane			
Total:			

Authorized Person \_\_\_\_\_



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گلگت بلتستان رورل سپورٹ پروگرام

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