Dr. Mahalingam College of Engineering and Technology, Pollachi-642 003

(An Autonomous Institution)

Office of Dean – Research & Innovation

Consultancy FORM 5

Raising Invoice and Bill Settlement

Date:

Name of the Department:	
Title of the Consultancy Project:	
Client's Name and Address:	
Duration of the Consultancy Project:	Date of Commencement Expected Date of Completion
Completion status: (Invoice can be raised only after 100% of completion of the work)	YES / NO
Whether Invoice request received from the agency? (Attach the Mail Copy)	YES / NO
Total amount for the Consultancy Work (Mention both in words and figure)	
GST (Add 18%) (Mention both in words and figure)	
Total Amount including GST (Mention both in words and figure)	

Name and Signature of the Faculty Team

- 1.
- 2.
- **3.**

Head of the Department

DEAN - R&I

PRINCIPAL