

100% EOUs

Check List For Cost Reimbursement

I.		
1.	NAME OF THE UNIT	
2.	WHETHER LOA IS VALID	
3.	APPROVED ITEMS OF MANUFACTURE	
4.	WHETHER ENTRY MADE IN MRR REGISTER	
5.	PERIOD OF CLAIM	
6.	DATE OF RECEIPT OF CLAIM	
7.	WHETHER CLAIM SUBMITTED IN 6 MONTHS	
8.	IF SUBMITTED LATE, PERIOD OF DELAY	
9.	REASON FOR DELAY STATED	
II.		
1.	WHETHER THE CLAIM IS FILED IN THE PRESCRIBED FORMAT AS GIVEN IN ANNEXURE-I APPENDIX 14-I-I OF HBP	
2.	IS THE C FORM SIGNED BY AUTHORIZED PERSONS AND THREE COPIES OF SPECIMEN SIGNATURE KEPT ON FILE?	
3.	IS COUNTER FOIL OF C FORM ORIGINAL SUBMITTED WITH PHOTOCOPY?	
4.	WAS THE C FORM EARLIER USED? IF SO, CONFIRM PROCEDURES UNDER 3(v)(b) OF APPENDIX 14-I-I.	
5.	HAS PHOTO-STAT COPY OF ST REGISTRATION TAKEN ON FILE	
6.	WHETHER CA CERTIFIED ALL ENTRIES IN ANNEXURE-II OF APPENDIX 14-I-I?	
7.	CA CERTIFICATE OBTAINED BY PARTNERSHIP FIRM HAVING ONE FCA	
8.	WHETHER ALL COLUMNS IN THE TABLE TO CA CERTIFIED ARE DULY FILLED IN AND SIGNED BY CA	
9.	HAS ADVANCE STAMP RECEIPT BEEN FURNISHED?	
10.	WHETHER THE INVOICE DETAILS AND CLAIM AMOUNT TALLY WITH THE TABLE CERTIFIED BY CA	
11.	WHETHER ALL PAYMENTS ARE MADE THROUGH BANK ACCOUNT OF PURCHASING EOU?	
12.	AMOUNT OF CLAIM	FOR OFFICE USE
13.	AMOUNT IF ANY DISALLOWED AND REASONS THEREOF.	FOR OFFICE USE
14.	AMOUNT ADMITTED FOR PAYMENT	FOR OFFICE USE