

Indian Institute of Technology Kanpur

Office of Outreach Activities

Date:

From:

Course Coordinator:

Course Title:

Department:

To,

Professor-in-Charge, OOA

IIT Kanpur

Sub: Request for closure of Course Account

The Course Account No. IITK/CCE/ _____ has been completed.
The date of completion was _____. In this context the following information may be noted (*Please tick as applicable*).

1. The course completion report has been submitted to the OOA.
2. All advances (Contingency etc) have been settled in the course account.
3. No re-imburement for any payment / expenditure is pending.

In view of the above, the aforesaid course account may be closed with immediate effect and the final statement of account be prepared.

Course Coordinator

Approved

Professor-in-Charge, OOA