



Date _____

COST DEPOSITION FORM FOR LOST/DAMAGED BOOKS

DETAILS OF BOOK(S)

S. No.	Accession Number	Title of the Book	Author(s)	Cost in INR (as per the Accession Register)	Cost Verified by Staff Member
1.					
2.					
3.					
4.					

In case of foreign currency (current month GOC conversion rate will be applicable)

Name _____ ID Number _____

I accept to deposit the cost of the above mentioned lost/damaged book(s) issued on my library membership card.

Signature _____

Approved (Total Amount _____) for the Cost Submission in Account Department.

Librarian

FOR OFFICE USE ONLY

Accounts Department

Receipt No. _____ Date: _____
(Provided by A/c Department)

Circulation Desk

Book Returned by _____ Enclosed: Return Slip ☐ Photocopy of Receipt ☐
(Signature of Staff members)

Remarks, if any _____