

30307080900300

Confirm Contingent Bill

Disbursement Type* Bill Type*

Reference Number for Cash Branch

Fund * Bill Date*

Segment* Sub Segment*

Field* Sub Field*

Functionary*

Sanction By* Sanctioned On *

Sanction Details SANCTIONED BY CHAIRPERSON DATED 11.6.2007 VIDE O.O.NO.D-542 /PA TO MOH D

Created By Verified By

Confirmed By Approved By

Final Approved By Bill Status

Narration PAYMENT OF 17 DAILY WAGES AMG OF CMI(MALARIA) @ 133.45 PS PER DAY + RS.6

Remarks

Function Name	Account Code*	Account Head
Public Health	2101000	SALARIES,WAGES AND BONUS

Deductions

Account Code	Account Head

Deductions	
Net Payable	

Net Payable in words

Fifty Eight Thousand

*- Mandatory Fields

