

30307080900180 Confirmed

View Contingent Bill

Disbursement Type* Cash Petty Cash

Reference Number for Cash Branch

Fund *

Segment*

Field*

Functionary*

Sanction By*

Bill Date*

Sub Segment*

Sub Field*

Sanctioned On *

Sanction Details

Created By

Confirmed By

Final Approved By

Verified By

Approved By

Bill Status

Narration

Remarks

Function Name	Account Code*	Account Head
Public Health	2208002	OTHER ADMINISTRATIVE EXPENSES

Deductions	
Account Code	Account Head
2102021	CONTRIBUTION TO BENOVALENT FUND

Deductions	
Net Payable	

Net Payable in words

*- Mandatory Fields

