

Copy No 3030708/000251

Contingent Bill

Disbursement Type* Bill Type* Help
 Reference Number for Cash Branch:
 Fund * Bill Date*
 Segment* Sub Segment*
 Field* Sub Field*
 Functionary*
 Sanction By* Sanctioned On *

Sanction Details

Created By Verified By
 Confirmed By Approved By
 Bill Status

Narration

Remarks

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES,WAGES AND BONUS	21635	Click

Gross	21635
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Deductions			
Account Code	Account Head	Amount	Details
		0	Click

Deductions	0
Net Payable	21635

Net Payable in words

*- Mandatory Fields

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