

30307081100151

Contingent Bill

Help

Payment Type* Bill Type*
 Invoice 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

Reference JV

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES,WAGES AND BONUS	23237	Click
Gross			23237	

Deductions

Account Code	Account Head	Amount	Details
		0	Click

Deductions	0
Net Payable	23237

Net Payable in words

* - Mandatory Fields

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