

30307080900372

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

Created By Verified By

Confirmed By Approved By

Final Approved By Bill Status

Narration

Remarks

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

Deductions

Account Code	Account Head
<input type="text"/>	<input type="text"/>

	Deductions
	Net Payable

Net Payable in words

*- Mandatory Fields

