

*confirm - 3030 20809.0297*

**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" value=""/>	<input type="text" value=""/>

<b>Deductions</b>	[
<b>Net Payable</b>	[

Net Payable in words

\*- Mandatory Fields













