

97

View Contingent Bill

Help

Disbursement Type* Bill Type*

Reference Number for Cash Branch Bill Date*

Fund* Sub Segment

Segment* Sub Field*

Field*

Functionary*

Sanction By* Sanctioned On*

Sanction Details

Created By Verified By

Confirmed By Approved By

Bill Status

Narration

Remarks

Reference JV SubLedger Type

Function Name	Account Code*	Account Head	Amount*	Details
	<input type="text" value="3202011"/>	<input type="text" value="STG.OF ANTI MALARIA OPERATION"/>	<input type="text" value="3126"/>	<input type="text" value="Click"/>
Gross			<input type="text" value="3126"/>	

Deductions			
Account Code	Account Head	Amount	Details
<input type="text"/>		<input type="text" value="0"/>	<input type="text" value="Click"/>

Deductions	<input type="text" value="0"/>
Net Payable	<input type="text" value="3126"/>

Net Payable in words

Payable To *

*- Mandatory Fields

[Back](#) [Modify](#) [Print](#)

new

Health Department Circle No. VII

Recovery Schedule of Benevolent Fund
in respect of Health department for
the month of June-08 circle No. VII

<u>SN.</u>	<u>Name</u>	<u>Father's Name</u>	<u>Dist</u>	<u>Amount</u>
①	Rajpal	S/wa Ram Phal	RMR SK	45-00 /
			<u>Total</u>	<u>RS 45-00</u>

[Signature]
21/7/08
S-1 VII

Accountant (Health General)

