NEW DELHI MUNICIPAL COUNCIL

नकद/वैक भुगतान हेतु चालान

CHALLAN FOR PAYMENT OF CASH/CHEQUE

लेखा सीर्ष

Head of Account. L. I. Carriest Money Health, Deptt.

बिल संख्या/Bill No.

कृपया रूपये

Please Receive Rupees Thoo Lac Fair Thousand Stathandred
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From Sheet al Probh Dayal On Parkage

सं/OF 2880 Cirk walan Hart Gazi, Delhi-6

के लेखे के प्राप्त करें कि May Tendar Providing & Friding

On Account of The Art Tendar Providing & Friding

Walleston And (HEALTH)

Rankers Cheyre Mo. 008375 Cl. 224.06

Contingent Bill Number:

Disbursement Type: Cheque

Fund: NDMC Municipal General Fund

Segment: GENERAL FUND

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Functionary: DIRECTOR (PH)

Sanction By: moh

SanctionDetails:

sanctioned by MOH for refund of EMD/SD of Prabh Dayal Om Parkash

refund of EMD/SD of M/s.Prabh Dayal Om Parkash for the work of

Narration: supply and installation of twin littersbins 150 ltr. blue and green (1100 Nos.) in NDMC area vide agreement no. 2/MOH 2006.07

Remarks:

30308080900018

Bill Type: Contingency Bill Date: 11-Aug-2008

Sub CASH IN HAND

Sub Field: (PUBLIC HEALTH) PUBLIC HEALTH PROJECTS

Payable To: M/s. Prabh Dayal Om Parkash

Sanctioned 08-Aug-2008

Bill Status: CREATED

Code	Payable To	Function	Account	Account	Amount
1855	M/s. Prabh Dayal Om Parkash	Public Health	3401002	SECURITY DEFOSIT	491700
aduation			Gross Amount		491700

Deductions:

Code	Payable To	Function	Account Code	Account Head	Amount

Total Deduction	0
Net Amount	491700

Net Payable in Words:

Created By	mahesh.mishra	Verified By	
Confirmed By		Approved By	
Final Approved By			

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	Received contents
Certified that the expenditure charged in this bill could not with due regard to the int Council be avoided. I have satisfied myself that the charges supported by sub voucher en	ntered in this bill have
been really paid with the exceptions noted below, which exceed, the balance of the permane paid on receipt of the money drawn on bill.	nt advance and will be
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Dated //: 8:08 Signature.	2
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NEW DELHI MUNICIPAL COUNCIL

CONTINGENT BILL

Serial Number of Sub Vouchers	Description of Charges and number and date of authority for all charges	Amount	
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