

59

View Contingent Bill

Disbursement Type* Bill Type* Help

Reference Number for Cash Branch Bill Date*

Fund* Sub Segment*

Segment* Sub Field*

Field*

Functionary* Sanctioned On *

Sanction By*

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"/>	<input type="text" value="3202011"/>	<input type="text" value="STG.OF ANTI MALARIA OPERATION"/>	<input type="text" value="62517"/>	<input type="text" value="Click"/>
Gross			<input type="text" value="62517"/>	

Deductions			
Account Code	Account Head	Amount	Details
<input type="text"/>	<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="62517"/>

Net Payable in words

Payable To *

*. Mandatory Fields

new

