

View Contingent Bill

Help

98

Disbursement Type* Bill Type*

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" value="3202011"/>	<input type="text" value="STG.OF ANTI MALARIA OPERATION"/>	<input type="text" value="2984"/>	<input type="text" value="Click"/>
Gross			<input type="text" value="2984"/>	

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="2984"/>

Two Thousand Nine Hundred And Eighty Four Rupees Only

Net Payable in words

Payable To *

* - Mandatory Fields

new

Health Department Circle No. VII

Recovery Schedule of Benevolent fund
in respect of Health Department for
the month of July-08 Circle No. VII

① Sr. Rajpal S/Sr Ramphal Rmr Sk Rs 4500

1300
1200
2500 Total - Rs 4500

Sd/-
S/- VII 4/8/08

Accountant (Health Department)

