

View Contingent Bill

Disbursement Type* Cash Bill Type* Imprest / MR Bills Help

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

Bill Status

Narration

Remarks

Function Name	Account Code*	Account Head	Amount*	Details
Public Health	2101000	SALARIES, WAGES AND BONUS	103698	Click

Gross

Deductions			
Account Code	Account Head	Amount	Details
		0	Click

Deductions

Net Payable

Net Payable in words

* - Mandatory Fields

