

Appnd 3030708/070126

View Contingent Bill

Disbursement Type\*  Bill Type\*

Reference Number for Cash Branch

Fund \*  Bill Date\*

Segment\*  Sub Segment\*

Field\*  Sub Field\*

Functionary\*

Sanction By\*  Sanctioned On \*

Sanction Details sanctioned by A.S.(Health) vide oo.no.2672/HE-III/SA-IV dated 20.03.1998

Created By  Verified By

Confirmed By  Approved By

Final Approved By  Bill Status

Narration Payment to one RMR S/K, L/B C. NO. - I @ Rs.133.45/- per day +Rs.66 C.A.

Remarks

Function Name	Account Code*	Account Head
Public Health	2101000	SALARIES,WAGES AND BONUS

Deductions

Account Code	Account Head
2102021	CONTRIBUTION TO BENOVALENT FUND

<b>Deductions</b>	[
<b>Net Payable</b>	[

Net Payable in words

\*- Mandatory Fields

Back Modify

**View Contingent Bill**

Disbursement Type\*  Help  
 Reference Number for Cash Branch   
 Fund\*  Bill Type\*   
 Segment\*  Bill Date\*   
 Field\*  Sub Segment\*   
 Functionary\*  Sub Field\*   
 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	77974	Click

**Gross**

**Deductions**

Account Code	Account Head	Amount	Details
		0	Click

**Deductions**

**Net Payable**

**Net Payable in words**

\* - Mandatory Fields

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







