Contingent Bill Number:

Disbursement Type: Cash

Fund: NDMC Municipal General Fund

Segment: GENERAL FUND

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Functionary: DIRECTOR (PH)

Sanction By: Director(P)

Office Order No. D-1234/SO(HE-

III)/GC-III dated: 01.07.2002 vide

approval of Director(P)

Payment to 02 RMR Safai

Narration: Karamcharis in Circle No.-04 w.e.f.

01.11.09 to 30.11.09

Remarks:

30312091000081

Bill Type: ImprestBills

Bill Date: 11-Dec-2009

Segment:

Sub CASH IN HAND

Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE 4

Payable To: Secretary, NDMC

Sanctioned 01-Jul-2002 On:

Bill Status: CREATED

Code	Payable To	Function	Account Code	Account Head	Amount
		Solid Waste Management	2308003	GARBAGE REMOVAL CLEARANCE	4456
			Gross Amount		4456

Deductions:

SanctionDetails:

Code	Payable To	Function	Account Code	Account Head	Amount
			3502009	LWO (BENOVELENT FUND)	90
			Total Deduction		90
			Net Amount		4366

Net Payable in Words:

elam.uniyal	Verified By	
	Approved By	
		Approved By

JEANTH DEPARTMENT

Pay Fs Account Certified were act they wei	WE ME NEED		No.	t the state of the	S.No.	Circle No
Pay Rs. 4366-00 (Rupees Four High saind three Accountant (HG) Accountant (HG) Are actually employed by me on NDMC work(s) and they were actually paid on my identification to inspecting chickens.	HED FOR CASH/CHEQUE PAYMENT Initials of	Giross Ameum) = 1750 Net Payable $366-00$	Sh-fajesh Sh fatikan f.M.f.	Rej Bala W. Suhhbir K.M.R. H-NG-268. D. D. A. Flat Samen Makada. Flat Samen Makada.	Name, Father's/Husband's Name & Address grouped according to classes	MUSTER ROLL NO. Circle No. Voucher No. On Continuation of Muster Roll No.
(Rupees Four thousand three hundred Anne on NDMC works) and my identification to the muster roll my identification to the presence.	Daily Total S 1 1 1 Initials of person marking the daily attendance		TAMP LOBOR	~ M· K	Dates Froms Designation 1 2 3 4 5 6 7 8	T NO.
2 5 x x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x	\$.c - \$.c - \$.		BOS CROBON S		6 7 8 9 10 11 12 13 14 15 16 17	ated. (From.
Grand Total of this Muster Roll Deduct-Payment made, as per details transferred	\$ c -		BOORD OF SOME		18 19 20 21 22 23 24 25 26 27 28 29	1-11-09 10
erred to Register of Unpaid Wages	2 S 1 - 2 goly G. Total		SOB- Way		Rate Rs. P. I	28-11-09 Accountant (HG).
RS. P.	30-14189-90 1813	Reig in Re	W. 615-45	-3796 -3796	Amount payee and dated initials of paying officer made at the time of payment 2841–45	CHIEF MEDICAL OFFICER
	-436 co	to the	27000 = 5700	1 3 E		()