Contingent Bill Number:

Disbursement Type: Cash

Fund: NDMC Municipal General Fund

Segment: GENERAL FUND

Field: PUBLIC HEALTH ACCOUNTS BRANCH

Functionary: DIRECTOR (PH)

Sanction By: Chairman

Office Order No. D-172/CMO(HQ) dated: 24.04.09 vide approval of Chairman No. 1942/D/PS dated:

30.03.09

Payment 01 daily wagers S/K in Narration: circle No. -02 w.e.f. 24.04.09 to 30.04.09 @Rs151+CA per day

Remarks:

30305091000053

Bill Type: ImprestBills

Bill Date: 11-May-2009

Sub CASH IN HAND Segment:

Sub Field: (PUBLIC HEALTH) SANITATION CIRCLE

Payable To: Secretary, NDMC

Sanctioned On: 23-Apr-2009

Bill Status: CREATED

Code	Payable To	Function	Account Code	Account Head	Amount
		Public Health	3202027	MECH.OF GARBAGE REMOVAL	154
			Gross Amount		154

Deductions:

SanctionDetails:

Code	Payable To	Function	Account Code	Account Head	Amount
			Total Deduction		0
			Net Amount		154

Net Payable in Words:

http://172.16.100.156:8480/EGF/HTML/NDMC/Cbill_voucherview.htm?billNumber=303... 5/11/2009

peaned in 6/5/10/315 Circle No. Voucher No. Cold Continuation of Muster Roll No. Continuation of Muster Roll No. S.No. 0-0.No1- D) 172 cme/ 49 Certified that the workers mentioned in the muster roll were actually employed by me or NDMC work(s) and Accountant (HG) AAC (H) they were actually paid on my identification in my presence. 1 Satish So Kuldeep Dw Camp, Growind huri Name, Father's/Husband's Name & Address thellui grouped according to classes NEWFIED FOR CASH, CHECIDE PAYMENT ACHE TO THE PARTY OF THE PARTY MUSTER ROLL NO. Net Payable Rs 15400 (Rubees one hundred Jighty Four ady Initials of person marking the daily attendance Initials of Inspecting Officer DA 24 4/09. PART-NOMINAL-ROLL Designation Daily Total N.O.H. 1 2 3 4 5 Dates From. HEALTH DEPARTMENT Sr. A.O 9 (From. gy y 69. 5 11 12 13 14 15 16 17 18 19 20 21 Grand Total of this Muster Roll ... Deduct-Payment made, as per details transferred to Register of Unpaid Wages 19 23 23 24 25 26 27 28 29 30 31 To 30 4 09 >1X->olda Accountant (HG) Total さず G. Total 1810 S. W. J. abush work Str. @ Hareca. N-118 Amount 0 市 5 CHIEF MEDICAL OFFICER Sign. or thumb impression of payee and dated initials of paying officer made at the go g confy one sheet time of payment G Rs. Sig. Fate