

T.R. FORM NO. 24

[See T.R. 4.107]

Medical charges Reimbursement Bill

D.D.O. Code _____ Bill No. _____ Date _____
 Grant No. _____ Token/T.V. No. _____ Date _____
 Head of Account Code _____

Department/Office of _____

Sl. No.	Section of establishment and name of the incumbent with designation	Gross Claim (Rs.)	Recovery of Advance (Rs.)	Net amount payable (Rs.)	Remarks
1	2	3	4	5	6

Net amount required for payment (in words) Rupees _____

Allotment Received Rs. _____ Progressive expenditure including this bill Rs. _____ Balance available Rs. _____	<ol style="list-style-type: none"> 1. Certified that I have satisfied myself that the amount drawn previously, with the exception of those detailed below (of which the total amount has been refunded by deduction from this bill), have been disbursed to the Government employee therein named and their receipts taken in the office copies of the bill or in a separate acquittance roll. 2. <i>Details of Medical charges Refunded</i> Section of establishment and name of incumbent with designation _____ Period _____ Amount (Rs.) _____ 3. Certified that Essentiality certificates, receipts, etc., are appended.
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Please pay to self / by order cheque / by Account Payee cheque in favour of _____

Signature _____
 Bill Clerk Accountant Designation of the D.D.O. _____
 Passed for payment of Rs. _____ (Rupees _____) only

Signature and Designation of the Competent Authority

For use at the Treasury

Examined and entered

Pay Rs. _____

(Rupees _____) only

Accountant/J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected Rs. _____ Reasons for objection:

Auditor

S.O./A.A.O./Audit Officer