

1. Certified that I have satisfied myself that the amount included in bills drawn 1 month/2 months/3 months— previous to this date, 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 Govt. servants therein named and their receipts taken in the office of the bill or in a separate acquittance roll.

Sl. No. Section of establishment and name of the incumbent Gross Claim Recovery of Adv. Net amt. payable Remarks

2. Details of Medical charges Refunded

Section of establishment and name of incumbent

Period Amount

3. Certified that Essentiality certificates, receipts etc. are appended.

Received Payment

Signature.....

Appropriation for 20..... Rs. \_\_\_\_\_

Expenditure included this bill Rs. ....

Amount of Bill annexed Rs. ....

Balance .....

Designation of Drawing Officer

Passed for Rs. .... (Rupees ..... )only.

Station ..... Dated.....

Signature of the Controlling Officer  
Designation

**FOR USE IN PAY AND ACCOUNTS OFFICE(Pre Check)**

Passed for payment of Rs..... (Rupees..... )  
Payment through Cheque No.....

Pay and Accounts Officer/Treasury Officer

Voucher No.						DATE DD MM YY						Amount RS. P.		
Category A/B/C		Cheque No.						DD MM YY			Amount RS. P.			
DETAILS OF CHEQUE CANCELLED														
Category A/B/C		Cheque No.						DD MM YY			RS. P.			

**FOR USE IN PAY AND ACCOUNTS OFFICE (POST CHECK)**

Admitted for Rs.....Objected to Rs. ....

Reason for objection

Jr./ Sr.Accountant

Jr. A.O.

Pay and Accounts Officer/A.G.