

T.R. FORM NO. 24

[See T.R. 4.107]

Medical charges Reimbursement Bill

NAME OF THE OFFICE : _____	
DDO Code: _____	Bill No.: _____ Date: __/__/__
Token No.: _____ Date: __/__/__	T.V. No.: _____ Date: __/__/__
Salary Head of Account: _____	

Sl No.	Employee Id No.	Name of the Employee with Designation	Gross Claim (Rs.)	Recovery of Advance (Rs.)	Net Claim (Rs.)	Remarks
1	2	3	4	5	6	7
Allotment Received		Rs.	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 acquaintance roll.			
Progressive expenditure including this bill		Rs.	2. <i>Details of Medical charges Refunded</i> Section of establishment and name of incumbent with designation _____ Period _____ Amount (Rs.) _____			
Balance available		Rs.	3. Certified that Essentiality certificates, receipts etc are appended.			

Please pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed.

Bill Clerk _____ Accountant _____ Signature of D.D.O with Designation _____
 Station _____
 Date _____ 20__

For use at the Treasury

Examined and entered
 Pay Rs. _____
 Rupees (in words) _____ 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 objections _____
 Auditor _____ S.O/A.A.O./Audit Officer _____