

Medical charges for Advance/Reimbursement Bill under W.B. Health Scheme 2008

Name of the Office: _____		
D.D.O Code: _____ Bill No: _____ Date: ___/___/___		
Token No.: _____ Date: ___/___/___ T.V. No.: _____ Date: ___/___/___		
Head of Account: _____		
Name of the Govt. Employee / Pensioner		
Employee / Pensioner Identification No.		
Whether Employee (E) / Pensioner (P) / AIS Officer (A)		
WBHS, 2008 Identification No. of Employee / Pensioner		
WBHS, 2008 Identification No. of Beneficiary(s)		
Treatment Period: From (dd/mm/yyyy) To (dd/mm/yyyy):		
Disease Code:		
Hospital / Diagnostic Centre's Code	Indoor / Outdoor / Both	Amount (Rs.)
Details of Sanction		
Sanction ID:		
Designation of the Sanctioning Authority:		
Sanction Order No.: _____ Date (dd/mm/yyyy): _____		
Bill for: Advance/ Reimbursement		
FOR ADVANCE		
Estimated Cost of Medical Attendance & Treatment		Rs.
Maximum amount admissible as advance		Rs.
Amount sanctioned as advance		Rs.
FOR REIMBURSEMENT		
Gross Claim : Rs.	<ol style="list-style-type: none"> 1. Certified that I have satisfied myself that the amount drawn previously, with the exception of these 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 then 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 4. Certified that no claim for the period mentioned in this bill has been preferred earlier. 	
<i>Less Advance, if any</i> (T.V. No. _____ Date ___/___/___) : Rs.		
<i>Less Deduction under Cashless Medical Treatment Scheme, 2014, if any.</i> : Rs.		
Net Amount Payable : Rs.		
In case of Refund (Challan No. _____ Date ___/___/___) : Rs.		
Allotment Received : Rs.		
Progressive expenditure including this bill : Rs.		
Balance available : Rs.		

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

Bill Clerk _____ Accountant _____
Station _____
Dated _____ 20 _____

Signature of D.D.O with Designation _____

For use at the Treasury

Examined and entered

Pay Rs. _____

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

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
