

**T.R. FORM NO. 68A**

[See T.R. 4.107]

**Medical charges Reimbursement Bill under W.B. Health Scheme 2008 [Bill for Advance]**

Deptt Code: \_\_\_\_\_  
D.D.O. Code: \_\_\_\_\_  
Sanction No. \_\_\_\_\_ Date \_\_\_\_\_ Sanctioning Authority: \_\_\_\_\_  
Bill No. \_\_\_\_\_ Date \_\_\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_\_\_\_  
Head of Account Code: \_\_\_\_\_

Department / Office of \_\_\_\_\_

Whether Employee (E) / Pensioner (P) / AIS Officer (A): \_\_\_\_\_

Employee / Pensioner Identification No. : \_\_\_\_\_

Name of the Govt. Employee / Pensioner: \_\_\_\_\_

Identification No. of Beneficiary: \_\_\_\_\_

Treatment Period: From Date (dd/mm/yyyy): \_\_\_\_\_

To Date of (dd/mm/yyyy): \_\_\_\_\_

Disease Code:

Hospital / Diagnostic Center's Code	Indoor / Outdoor / Both	Amount (Rs.)

Total Bill Amount (Rs.): \_\_\_\_\_

Net amount required for payment (in words) Rupees \_\_\_\_\_

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 objections \_\_\_\_\_

Auditor \_\_\_\_\_ S.O. / A.A.O./ Audit Officer \_\_\_\_\_