

T.R. FORM NO. 31A

[See G.O No.: 2742 – F(Y) Date: 27.07.2025]

(To be used for the sanction order generated from WBHS)

Medical charges for Reimbursement Bill / Advance/Adjustment against Advance Bill for the Medical Treatment under "West Bengal Health Scheme for the Beneficiaries of Grant-in-aid Colleges and Universities and Employees and Pensioners of the Panchayati Raj Bodies" (Grant -in-Aid)

D.R. No:

Name of the Office:	
D.D.O Code:	Bill No:
Token No.:	Date:
Head of Account:	T.V. No.:
	Date:

Claim Type: Reimbursement /Advance/ Adjustment against Advance

Sl. No.	Claim Id	Sanction No. (Copy enclosed)	Date	Authority	Name of Employee / Pensioner	Name of Beneficiary	Nature of Treatment	HCO Name and Address	Gross Amount (Rs)	Deduction (Rs)	Net Amount (Rs)
Total (Rs.)											

Allotment Details	
Allotment Received	Rs.
Progressive expenditure including this bill	Rs.
Balance available	Rs.

Certified that:

- (a) The amount of this bill was not drawn before and it agrees with that in the office copy of this bill.
- (b) The particulars of the beneficiary in respect of this bill have been verified and entered correctly in the IFMS Beneficiary Master.
- (c) All the original sub-vouchers have been kept at the office for audit purposes.
- (d) Over-payment, if any, detected later on shall be recovered in next bill or from the pay bill.

Please Pay Rs..... (Rupees.....) Only as per beneficiary details available in digitized form.

And/Or

Please pay By-Transfer Credit Rs (In words) as below

Sl. No.	Head of Account	Description	Amount (Rs.)

And/Or

PL Transfer Rs. _____ Rupees (in words) _____ only as below

Sl. No.	Treasury Code	Treasury Name	Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Bill Clerk

Accountant

Signature of D.D.O with Designation Station

Dated : _____

For use at the Treasury

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary details available online.

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below-

Sl. No.	Head of Account	Description	BT Type	Amount (Rs.)

And/Or

PL Transfer Rs. _____ Rupees (in words) only as below

Sl. No.	Treasury Code	Treasury Name	Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Examined and Entered.

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
