

**T. R. Form No. 68(B)**

(See G. O No. 2400-F(Y) Dt. 17/03/2015)

**Medical charges Reimbursement Bill to Health Care Organisation (HCOs) for providing cashless medical treatment to beneficiaries under W. B. Health For All Employees and Pensioners Cashless Medical Treatment Scheme, 2014**

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

Bill Details									
Sl No.	Sanction ID	Sanction No. & Date	Designation of the Sanctioning Authority	HCO Code	HCO Name with Address	No. of Beneficiaries attached with this Sanction ID	Gross Amount (Rs.)	Deduction (Rs.)	Net Amount (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
<b>Total Rs.</b>									

Allotment Received: Rs. _____ Progressive expenditure Including this bill : Rs. _____ Balance available: Rs. _____	<ol style="list-style-type: none"> <li>1. Certified that Essentiality certificates, Bills &amp; Receipts have been examined with reference to the claim submitted and found admissible.</li> <li>2. Certified that no claim for the period mentioned in this bill has been preferred earlier.</li> <li>3. Office copy agrees with the fair copy.</li> </ol>
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Passed for payment of Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only.

Please pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list

AND/OR

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

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

Bill Clerk

Accountant

Signature of D.D.O with Designation

Station \_\_\_\_\_

Date \_\_\_\_\_

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**For use at the Treasury**

Examined and entered

Please pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list

AND

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

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

Accountant / J.A.O.

T.O. /A.T.O. / P.A.O. / A.P.A.O.

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**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

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