T.R. FORM NO. 68

[See T.R. 4.107]

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

Deptt Code							
D.D.O. Code Sanction No. Bill No		<u>.</u>	Sanctioning Authori	tv			
Bill No		·	T.V.	No.	Date	Date	
	unt Code			-			
Department/Office of							
Whether Employee (E)/Pension Employee/Pensioner Identification	er (P)/AIS Officer (A) ion No.:			<u>.</u>			
Name of the Govt. Employee/Pe Identification No. of Beneficiary Treatment Period: From Date (d	y:						
To Date of (d	d/mm/yyyy)		-				
Disease Code:							
Hospital/Diagnostic Centre's Code	Indoor /Outdo		Both	Amount (Rs.)			
					,		
Total Bill Amount (Rs.): Net amount required for paymen	nt (in words) Rupees				<u>.</u>		
In case of Final Bill		1.	Certified that I have	satisfied myself	that the amount		
			drawn previously, wi	th the exception	n of those detailed		
Total Claim in Rs.			below (of which the				
Less Advance (if any) in Rs.			by deduction from th				
Vide TV No TV D	ate		Government employe				
Net Amount Payable/Refundabl In case of Refund, Rs.	e		taken in the office co acquittance roll.	pies of the bill	or in a separate		
Challan No.			acquittance fon.				
Challan Date.		2.	Details of Medical ch	harges Refunded	d		
			Section of establishm				
Allotment Received Rs.	<u>.</u>		designation Period				
Progressive expenditure			Period .	_ Amount (Rs.)_	<u> </u>		
including this bill Rs Balance available Rs		2	Cartified that Essent	iality cartificate	os receints etc. ore		
Butunee avanable ixs.		٦.	 Certified that Essentiality certificates, receipts, appended. 				
		4.	Certified that no claim has been preferred ex	im for the periodarlier.	d mentioned in this	bill	
Please pay to self / by order che	que / by Account Paye	e cheq	ue in favour of		<u>.</u>		
			Signature _		<u>.</u>		
Bill Clerk	Accountant		Designation of the	D.D.O			
Passed for payment of Rs	(Rupees.))		only			
			Signature and Desig	nation of the C	ompetent Authority		
Enomined and autom-1	1	For use	e at the Treasury				
Examined and entered			Pay Rs(Rupees) only	
Accountant/LA O						<u></u>	
Accountant/J.A.O.	_			o./ A. T.O./P.A.	U./ A.F.A.U.		
For use in the Office of the Ac Admitted Rs.			West Bengal				

Auditor

Objected Rs.

_____Reasons for objection: