

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. _____ 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 Centre's Code | Indoor /Outdoor/Both | Amount (Rs.) |
|-----------------------------------|----------------------|--------------|
| | | |
| | | |
| | | |
| | | |

Total Bill Amount (Rs.):

Net amount required for payment (in words) Rupees _____

| | |
|---|--|
| <p><u>In case of Final Bill</u></p> <p>Total Claim in Rs. Less Advance (if any) in Rs. Vide TV No _____ TV Date _____ Net Amount Payable/Refundable _____ In case of Refund, Rs. Challan No. Challan Date.</p> <hr/> <p>Allotment Received Rs. _____ Progressive expenditure including this bill Rs. _____ Balance available Rs. _____</p> | <ol style="list-style-type: none"> 1. Certified that I have satisfied myself that the amount drawn previously, with the exception of those 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 their 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. |
|---|--|

Please pay to self / by order cheque / by Account Payee cheque in favour of _____

Bill Clerk _____ Accountant _____ Signature _____
 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 objection:

Auditor

S.O./A.A.O./Audit Officer