

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 Centre'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 _____

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 _____