Voucher No……«VocherNo»……………………. in lieu of I.A.F.A-115 (Small)

**CONTINGENT BILL**

Amount of Allotment … …. …. …. … **Rs.XXX/-**

Amount expended and for which bills have already been submitted for payment.. Rs……………

Balance of allotment excluding amount of this bill … … … … Rs. …………..

Expenditure on account of … … … … incurred … .. … ... …

…. …. …. …. …. … … …. **During -FY**

(i) Authority No: XXX Dated:DD/MM/YYY

(ii) Months account in which last charge on this account was preferred.

Payment may be released in favour of the **Registrar, IIT Madras:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Serial  No. | Date | Details of expenditure | Number  or  quantity | | | Rate  Rs. P. | | Per | Amount  Rs. P. | |
| 1 |  | Towards payment for the project titled XXX  Project Coordinator  Dr XXX  Dept of XXX Engineering  Advance received on …..(date)  From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  | Rs.XX/-  Rs.XX/- | 00      00 |

Net amount due (in words) **Rupees XXX Only.**

1. Certified that the above charges have been necessarily incurred in the interests of the State, that the rates charged at the lowest obtainable and that all receipts for sum of Rs.25/- and under except or regards payment made in M.E.S. to contractors on running accounts have been defaced or mutilated that they cannot be used again and that I have personally checked the progressive total in the bill with that in the contingent registers and found it to agree.

2. Certified that the telegrams were sent to State Services and that cash payment was unavoidable.

3. Certified that payment of subsistence allowance was in the interest of service and that the rejected recruits for whom allowance has been claimed were rejected either medically of by enrolling officer:

Note: (Under Rs. Four Lakhs Only) should be written across the bill in prominent place near to and above the total amount of the bill.

The amount should be the next multiple of ten rupees exceeding the amount of the bill.

Station: Chennai –36 Principal Investigator Countersigned Received Payment

Date : DD/MM/YYYY (Sign of Administrative Authority)