

Contingent Bill

Cheque may please be issued in favour of _____

Bank Acct No _____ Bank Name: _____

Bank IFS Code _____ MICR No _____

Voucher No : DO NOT FILL

CONTINGENT BILL

Expenditure of account reimbursement of medical treatment for purchase of medicine in respect of _____

(Auth: Central Organisation ECHS letter No: B/49761/AG/ECHS/Medicine Policy dt 18 May 2020)

<u>Ser No</u>	<u>Date</u>	<u>Details of expenditure</u>	<u>Amount</u>
1		Amount incurred on account of reimbursement of medicine in respect of -----	
2		Amount incurred on account of reimbursement of medicine in respect of -----	
3.		Amount incurred on account of reimbursement of medicine in respect of -----	

The details are as under

<u>ECHS Card No</u>	<u>Bill No</u>	<u>Diagnosis</u>	<u>Details of Bill/Medicine</u>	<u>Amount</u>

The bill with supporting documents attached in original

Certified that :-

- (1) The claim has been submitted for the first time.
- (2) The reimbursement has been made on the actual treatment

Amount in word: Rupees _____

RECEIVED PAYMENT

COUNTERSIGNED