**Appx ‘A”**

**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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ser No** | | **Date** | **Details of expenditure** | **Amount** |
| 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ECHS Card No** | **Bill No** | **Diagnosis** | **Details of Bill/Medicine** | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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**