

OLJABET HOSPITAL REPORT

DATE:

OUT PATIENT

1. AON.....
2. UPI.....
3. CIVIL...../.
4. Cash.....

IP rebate invoice

1. Surgical.....
2. c/s invoice.....
3. theatre surgical invoice.....

cash.....
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Total.....
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Daily Expenditure.....

Staff present.....

Total expenditure.....

Total collection minus total expenditure

Hospital Balance.....

Comment.....
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