

Name of Department:

Contingent Bill

| | | | |
|--------------|--|-----------------------------|-----|
| DDO Name | | A - Bill No. | |
| Deptt. Code | | Head of Account | |
| Bank Name | | Total Allocation | Rs. |
| Bank A/C No. | | Previous Expenditure | Rs. |
| IFS Code | | Expenditure of this bill | Rs. |
| MICR Code | | Total upto date expenditure | Rs. |

B - Detailed Bill of Contingent Charges

| Account Code | Head of Account Chargeable | Month of | No. of Voucher |
|---------------------------------|---|-------------------------|----------------|
| S. No. of Sub-Voucher | Description of charge, number & date of authority of all charges requiring special sanction | Amount | |
| | | Rs. | P. |
| | | | |
| Total (in words): Rupees | Gross (A) | | |
| | | | |
| | Net | | |
| Paid from Bank Account | Challan No. | Amount | |
| Paid to Bank Account No. | | Received Payment | |
| Dated | | Name | |
| | | Office | |

| Sub-Voucher No. | Description of expenditure and name of sanctioning officer and his order no. and date | Date | |
|------------------------------------|--|--------------------------|----|
| | | Rs. | P. |
| | Brought Forward Entry has been made on Budget Register at Page No. _____. | | |
| Total (Rs. in words) Rupees | | | |
| | | Total Expenditure | |
| | | Amount Received | |
| Date | | Name | |
| | | Office | |

I am satisfied that the advance paid in excess of the amount mentioned in this bill has been made and the expenditure mentioned in this bill is actually incurred and this amount will be paid on receipt of the same.

Date

Name

Office

Pay Rs. _____

Checked by

Accountant

**for Chief Accountant
North Delhi Municipal Corporation**