

T.R. FORM NO. 68A

[See T.R. 4.107]

Medical charges Reimbursement Bill under W.B. Health Scheme 2008 [Bill for Advance]

Deptt Code: _____
D.D.O. Code: _____
Sanction No. _____ Date _____ Sanctioning Authority: _____
Bill No. _____ Date _____ T.V. No. _____ Date _____
Head of Account Code: _____

Department / Office of _____

Whether Employee (E) / Pensioner (P) / AIS Officer (A): _____

Employee / Pensioner Identification No. : _____

Name of the Govt. Employee / Pensioner: _____

Identification No. of Beneficiary: _____

Treatment Period: From Date (dd/mm/yyyy): _____

To Date of (dd/mm/yyyy): _____

Disease Code:

Hospital / Diagnostic Center's Code	Indoor / Outdoor / Both	Amount (Rs.)

Total Bill Amount (Rs.): _____

Net amount required for payment (in words) Rupees _____

Please pay to self / by order cheque / by Account Payee cheque in favour of _____

Signature _____

Bill Clerk _____ Accountant _____ Designation of the D.D.O. _____

Passed for payment of Rs. _____ (Rupees) _____ only

Signature and Designation of the Competent Authority

For use at the Treasury

Examined and entered _____ Pay Rs. _____

(Rupees) _____ only

Accountant / J.A.O. _____ T.O. / A.T.O. / P.A.O. / A.P.A.O. _____

For use in the Office of the Accountant General (Audit), West Bengal

Admitted Rs. _____

Objected Rs. _____ Reasons for objections _____

Auditor _____ S.O. / A.A.O./ Audit Officer _____