

Contingent Bill

Cheque may please be issued in favour of _____

Bank Acct No _____ Bank Name _____

Bank IFS Code _____ MICR No _____

In Lieu of IAFA-155

Voucher No : _____

CONTINGENT BILL

Expenditure of account reimbursement of medical treatment for purchase of medicines 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>Date of Expenditures</u>	<u>Amount</u>
---------------	-------------	-----------------------------	---------------

Amount incurred on account of reimbursement
Of Medical treatment in respect of _____

The details are as under

<u>ECHS Card No</u>	<u>Bill No</u>	<u>Diagnosis</u>	<u>Details of Bill/ Medicines</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 Words: Rupees _____

RECEIVED PAYMENT

COUNTERSIGNED