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| **Old NO G.A.108 jktLFkku ljdkj NEW.NO.G.A.84**  **GF$AR 228 $229 Fully Vouched Contingent Bill RULES 219**  **ifjiw.kZ vU; O;; fcy**  Bill No. /30.09.2019 **STATE**  **fcy la[;k** | | | | |
| District  ………………………………….  **ftyk**  भीलवाड़ा | Detailed Bill of Contingent Charges of …………………………………..  For the month of …………………………………………………………………….  **dk foLr`r vU; O;; fcy ekg -----flrEcj lu~ ----- 2019**  **fglkc dk en**  Head of Account **05 कार्यालय व्यय** | | | Voucher No.  …………………………..…..  of list of Payment for the month of  **flrEcj** 2019  **ekg---09/2019 ds O;; dh lwph ds okmpj dk Øekad ------------------------------** |
| **Serial number of sub** Description of charge and number date of authority for all charges  **Voucher** requiring special sanction **व्यय का विवरण और जिस व्यय के लिये** **विशेष** Amount  **उप वाउचर का क्रमांक स्वीकृति की आवश्यकता हो उस स्वीकृति का क्रमांक एंव दिनांक रकम**  .  रू. R.S. रू. R.s. | | | | |
| 1. **vjkoyh LVs’kujh ekVZ xka/kh ekdsZV vklhUn ls dz; fd, x,**   **LVs’kujh lkexzh ds fcy dk Hkqxrku muds SBI A/C NO-**  **51058430313 IFSC CODE- SBIN0031096 esa Hkqxrku**  **gsrq A**    **................................................................................................................................**  **2500/- 2500/-**  **.........................................................................................................................................................**  **2500/-**  **v{kjs& nks gtkj ikWap lkS :i;s ek=~A**  **1- इस बिल की राशि पूर्व में आहरित नहीं की गयी है ।**  **2- इस बिल का कार्यालय प्रति में अंकन कर दिया गया है ।**  **3- fcyksa esa of.kZr lkexzh dk bUnzkt LVkWd jft- esa dj fn;k x;k gSA**    **To be entered by Drawing Officer**   1. **I certify that** the expenditure included in this bill could not, with due regard to the interest of the public service, be avoided I certify that to, the best of my knowledge and belief the payment entered in this bill have been duly made to the parties entitled to receive them with the exceptions noted below which exceed the balance of the permanent advance, and will be paid on receipt of the money drawn on this bill Vouchers for all sums about 25 in amount are attached to this bill save those noted below which will be forwarded as soon as the amounts have been paid. I have as possible obtained vouchers for other sums and a responsible that they have been so defaced or militated t ht they cannot be used again. All work bills are annexed. 2. **Certify that** all the article detailed in the vouchers attached to the bill and in Those retained in my office have been accounted for in the Stock Register. 3. **Certify t hat** the purchase’s bill for have been received on good order that their quantities are correct and their qualities good that the rates paid are not in excess of the accepted and the market rates and that suitable notes of Payment have been recorded against the indents and invoice concerned to prevent double payments. 4. **Certified that :** 5. The expenditure on conveyance hire included in t his bill was actually incurred, was unavoidable and is within the Scheduled scale of charges for conveyance used, and 6. The Government servant concerned is not entitled to drawn travelling allowance under the ordinary rules for the journey and granted any compensatory leave and does not and will be not otherwise any special remuneration for the performance of the duty which necessitated the journey.   This certificate is required when proper store accounts of materials and stores purchased are required to be maintained. | | | | |
| **Received contents**  2500 /- Appropriation for the current Year .... ..2019.-2020…… 2500-/....  Expenditure including this bill ……………… … 2500 /---.  Amount of works bill annexed …………………………………………………  Balance available ………........................…………..............0/-.....  **Signature and Designation**  **Of the Drawing Officer (Abbreviated Classification)** | | | | |
| Pay to ……………………………………………………. (Designation)  Whose specimen signature below is hereby attested. **1. Signature of Messanger**  **2. Signature of Drawing Officer** | | | | |
| **For Treasury use**  **Treasury / Bank**  Pay Rupees ………………………………………………………………………………………………………………………………  Examined & entered.  **Treasury Officer**  Dated ……………………………………  **Accountant**  Station ………………………………….. | | | | |
| **For Non-Bank Treasury**  Paid Rs. …………………………………….  On ……………………………………………….  Signature | | **Payee’s discharge**  Received Rs. ………………………………………..  On ……………………………………………………….  Signature | **For Bank**  Paid ………………………………………………  On ……………………………………………….  Bank Seal Manager | |
| **For use in Accountant General’s Office**  **Head of Account**  Admitted for Rupees …………………………………………………  Objected to Rs. …………………………………………………………  Reason of objection …………………………………………………  **Auditor Supdt. G.O.** | | | | |