Form No. Ac. 1202

Entd. B.R.P .....
Ref. .....
Date of Receipt .....

BILL FOR DIRECT PAYMENT

Doctor Harisingh Gour Vishwavidyalaya, Sagar

Bill No. .....
Department .....
Major Budget Head .....
Minor Budget Head .....
Name of Reciptient .....
.....

Dr. Voucher No. .....
Amount Budgetted Rs. .....
Value of Bills already
Sent to the office Rs. .....
Value of earmarked
Order Rs. .....
Balance Excluding the
amount of the bill Rs. .....

Mode of Payment - Cash,/Cheque/Bank Draft/M.O. .....

Date	Particulars	Amount Rs.	P.	P.	Remarks
	Passed for Rs. ..... By Cash, Rs. ..... By Adjustment Rs. ..... Registrar / Finance Officer				
	Total				

1. Forwarded for direct Payment of Rs. .....
   1. Certified that the articles mentioned in the Bill have been correctly received and entered in the Stock Book at page ..... and the rates charged are proper and according to the rates sanctioned.
2. The sanction of ..... on the order of the articles covered by this bill was obtained vide order No. ..... dated ..... for Rs.
3. Certified that the amount has not been already paid and that the voucher attached is the original Bill (First copy) on the account.

Drawer of the bill
Dated .....

Checked and found within the limits of the amount sanctioned

Officer forwarding for payments

Supdt. Accounts

Dated.....

Recived .....
.....
.....

Paid by Cheque No.....
Date ..... for Rs. .....

Signature of the Receipient
Date .....