

**NORTH EASTERN HILL UNIVERSITY
SHILLONG**

Detail Bill of Contingent Charges for the Month of _____

(Note:-The bill should be countersigned by Controlling Officer before payment is made by accounts Department)

Sanction No. &

Date _____

Classification. _____

Name of Department. _____

Name Designation and Department of the Claimant.	Number of Sub- Vouchers.	Particulars of Claim	Amount	Remarks

(Rupees _____)only.

Signature with date of the Claimant.

Countersigned for Rs. _____ (Rupees _____)

Controlling Officer,

For Accounts Department.

Passed for payment of Rs. _____ (Rupees _____)

Assistant Registrar (Finance)

Received for payment of Rs. _____ (Rupees _____)

Signature with date of the Claimant.

Paid in Cash/Cheque No. _____ -

Voucher NO. _____

Date. _____
