#### Form – 2 (Yellow colour)

# **DETAILED CONTINGENT BILL**

#### Name of Department / Office.....

Bill No	Voucher No
Date	Date
C.B. No	Cheque No
Date	Date

Sanction Order No & Date .....

Major Scheme	Sub-Scheme	Detail Scheme	、
Major Scheme	Sub-Scheme	Detail Scheme	、

Number of Sub-	Detailed he	head of charge					Details	Amount	To whom payable
Vouchers									
1		2					4	5	6
	Head of Ad	count (	PLAN,	/NO	N-PLAN)	1	Gross Amount of bill	x	
							Refund vide B.R/Challan No	、	
							Date		
						3	Less Advance drawn vide Vr. No Date	x	
						4	Balance amount Payable (1+2-3)	x	
Details of	Deduction	VAT `			5	Amount of advance adjusted in this bill *	、		
		Cess		`					
		······ ```````````````````````````````		6	Current Payable amount *	`			
					7	Deductions *	、 		
		Total		N.		8	Net payable(6-7) *	<b>`</b>	

\* Under Column 2, Sl. No. 5 is to be used only when adjustment is done up to the advance drawn whereby Sl. No.6 will be NIL and Sl. Nos. 7 & 8 will also be NIL.

<ol> <li>Certified that the expenditure included in this bill could not, with due regard to the interest of the public service, be avoided. It is further certified that of the best of my knowledge and belief the payments entered in this bill except items noted below, have been duly made of the parties entitled to receiv hem and relevant vouchers are attached to this bill.</li> <li>Certified that all the articles detailed in the vouchers attached to the bill have been accounted for in the Stock Register and other registers prescribed b</li> </ol>										
(2) Certified that all the articles detailed in the Government from time to time.	the vouchers attached to the bill have been accounted for	in the Stock Register and other registers prescribed by								
(3) Certified that the purchases billed for	have been received in good order, that their quantities in excess of the accepted rates and that suitable notes of ments									
(4)Certified that in the case of adjustment of advances to the extent of advance drawn only and made through this voucher, the original vouchers / Challand etc shall be submitted at the time of final payment of this bill in due course of time.										
Appropriation for the current year	:									
Expenditure including this bill	:									
Balance available	:									
	rent year : s bill : : Signature of Controlling Officer Signature of the Drawing officer									
Space for precheck enfacement by	Pay & Accounts Office									
Pay`(Rupees .										
	) only									
Accountant		Pay and Accounts Officer								

Auditor

Gaz etted Officer

### Form 3

## Register of Advance Drawn and Adjustment thereof

S1.	I	Advan	ce Dra	wal	_	A	dvance	Paym	ent	Advance Adjustment								Balance Payment							
No	ACBill No. & Date	Amount	Purpose	Initial of the Controlling officer	Initial of the D&DO	Voucher No. & Date	Cheque No. & Date	To whom Paid	Initial of the D&DO	Bill No. & Date	Gross Amount	Refund by BR. &date Challan No.No & Date	Balance Amount Payable	Amount of advance Adjusted in this Bill.	Balance Amount payable ( if any)	Initial of the Head of Department/Office	Voucher No. & date	Cheque No & Date (if any)	Initial of the DDO	Bill No & date	Amount	Initial of the DDO	Voucher No. & date	Cheque No & Date	Initial of the D& DO
1	2	3	4	5	6	7	8	9	10	11	12	13	14 (12-13)	15	16	17	18	19	20	21	22	23	24	25	26