SHAHEED BHAGAT SINGH COLLEGE

Sheikh Sarai (Triveni) Phase-II, New Delhi-110 017

PAYMENT / CONTIGENT BILLS

Name : .....Designation ..... Department .....

Purpose of Advance .....

Amount of Advance taken Rs. .....

S.No.	Item	Vendor Name (Particualrs) (in Capital Letters)	Bill No.	Date	Amount

Verified for payment of Rs..... (Rupees.....)

Signature

Details of the advance:

Advance sanctioned vide cheque No.....dated..... Rs. .....

Expenditure incurred Rs. .....

Additional amount sanctioned/balance refunded Rs. .....

Dealing Assistant

Passed for payment of Rs. .....(Rupees .....)

S.O. (A/cs) **A .O. (A/cs)** **Bursar** **Principal**