

Dr(1)  
 Date of Payment .....  
 Voucher No. ....  
 Sec ..... Party .....  
 Station .....

**INDIAN STATISTICAL  
 INSTITUTE**  
  
**CONTINGENT BILL**

Cap / Rev / Others .....  
 Nature / Bank .....  
 Advice / Cheque No. ....  
 Amount .....  
 Account .....

Date of expenditure	Full particulars of expenditure	Amount		Remarks
		Rs.	P	
	<b>Total</b>			

All items covered by same code are to be entered consecutively and subtotal to be given on the bill.

Total (in words) Rupees \_\_\_\_\_

\* I certify that:

- (1) Articles purchased as specified in vouchers have been actually received in good condition.]
- (2) The rates/prices paid are not in excess of prevailing market prices.
- (3) Store certificates about receipt and record of articles purchased are given in sub-vouchers.
- (4) Services paid for have actually been rendered in satisfactory manner.
- (5) Conveyance charges claimed were for bonafide and necessary purposes of the Institute and no mileage allowance has been or will be charged therefore.

\* Please strike out the cause not applicable to the bill.

Name of the worker in full with Roll No. \_\_\_\_\_

Signature of the worker \_\_\_\_\_

Received Rs.....(Rupees.....)

Passed for Rs.....(Rupees.....)

..... only)

..... only)

Stamp

Stamp

Signature of payee with date

Signature of the Passing Authority with date