CONTINGENCY BILL

MAJULI UNIVERSITY OF CULTURE

Chitadarchuk, Garamur, Assam-785104

Name	**:-**	**Employee No.**	**:-**
Designation	**:-**	**Purpose of Expenditures**	**:-**
Department	**:-**		

Details of Expenditures made :-

Sl. No.	Items name/Particulars	Bill No./MR No.	Date	Amount (Rs.)	Remarks (if any)

Total Expenditures	-	
Advance Taken	-	
Net Claim/Refund	-	

Enclosures :- Copy of Invoices

Signature of Claimant

Signature of Controlling Officer

Designation :-

Signature of Sanctioning Authority

Designation

FOR USE OF ACCOUNTS DEPARTMENT

Checked & verified and pass for payment of Rs. ……/- (Rupees ……..……..……) Only

Junior Assistant **Sr. Assistant** **Internal Auditor** **Finance & Accounts Officer**