



### 10. Contingent Bill of Vehicle Fare

Contingent Bill of..... For the month of.....				Page No.	.....
Paid By		.....			
Name of the Institution			GVD/ GVH	.....	
Sr. No.	Voucher No. & Date	Particulars		Amount	Remarks
		<b>Amount paid to</b>			Dully attested & paid voucher enclosed
		on account of cost of <b>Vehicle Fare</b>			
		Vehicle No.	.....		
		From	To		
		For carrying Medicine etc. (list attached)			
		<b>Total</b>			
		<b>In words=</b>	<b>Rs.</b>		

**Certified that-**

- 1 The bill is being submitted for the first time for payment.
- 2 The amount has been paid by me from my personal pocket.
- 3 The purchase has been done at the lowest market rate.
- 4 The bill has been entered in the **CONTIGENCY BILL REGISTER** at Page No.

**Signature**

Forwarded to SDO (AH&D) ..... for n/a & information please.

D.No

Dated

**Signature**

**Vety Surgeon**

GVH