

NORTH EASTERN HILL UNIVERSITY
SHILLONG

FORM P.C - 18

Detail Bill of Contingent Charges for the Month of _____
(Note:- The Bill should be countersigned by Controlling Officer before
payment is made by Accounts Department)

Sanction No. _____

Dated _____ Classification _____

Name of the Department _____

Name & Designation of the Claimant	Number of Sub- Vouchers	Particulars of Claim	Amount	Remarks

(Rupees _____) only

Signature with date of the Claimant

Countersigned for Rs. _____ (Rupees _____)

Controlling Officer

For Accounts Department
Passed for payment of Rs. _____ (Rupees _____)

Assistant Registrar (Finance)

Received for payment of Rs. _____ (Rupees _____)

Signature with date of Claimant

Paid in Cash/Cheque No _____ Voucher No _____ Dated _____