

# G. A. R.—23

(See rule 91)

## MEDICAL CHARGES REIMBURSEMENT BILL

Bill No.....

Ministry/Department/Office of.....  
.....for the month/year.....:

Head of account—

Sl. No.	Section of establishment and name of the incumbent	Gross Claim	Recovery of Adv.	Net amt. payable	Remarks
1	2	3	4	5	6

Net amount required for payment (In words) Rupees.....

1. Certified that I have satisfied myself that the amount included in bills drawn 1 month/2 months/3 months—previous to this date, with the exception of those detailed below (of which the total amount has been refunded by deduction from this bill) have been disbursed to the Govt. servants therein named and their receipts taken in the office of the bill or in a separate acquittance roll.

### 2. Details of Medical charges Refunded

Section of establishment and name of incumbent	Period	Amount
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3. Certified that Essentiality certificates, receipts etc. are appended.

Received Payment

Signature.....

Designation of Drawing Officer

Appropriation for 19..... .

Passed for Rs. ....

Expenditure including this bill .....

Station .....

Signature of the Controlling Officer

Dated.....

Designation

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

Payment through Cheque No.....

**PAY AND ACCOUNTS OFFICER/Cheque drawing D.D.O.**

Dated.....

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For use in Pay and Accounts Office  
(Post Check)

Admitted for Rs.....

Objected to Rs. ....

Reason for objection

Jr./ Sr.Accountant

Jr. A.O.

Pay and Accounts Officer