

East Coast Railway
CONTIGENT BILL

Name: -

PF No. -

Designation: -

Department: -

HQ: -

For the month of __

Date	Particulars	Amount	
		Rs.	P.
Total			

Amount in words –

.

Certified that the above expenses have actually been paid by me in discharge of railway duty and the amount claimed has been actually spent and that the expenditure was necessary and unavoidable.

Date -

Signature –

Designation –

CountersignedCertified