Form T.R. 27 – A
(See Rule 281 A)
Medical charges Reimbursement bill (Non Gazetted) Establishment.

Bill No. _____ Voucher No. _____

for _____

Detailed Medical Bill of the Establishment of the _____

_____(specify Head of Office/Department) for the

month/s of _____.

Head of Account :
Major Head : _____

Grant No.: _____

Appropriation _____

Detailed Head : _____

Group Head _____

Voted Charges :

Sr. No.	Section or Establishment and Name of the incumbent	Gross Claim	Recovery of Advance	Net Amount Payable	Remarks
1	2	3	4	5	6

Certified that I have satisfied myself that the amount included in bills drawn 1st/2nd months/3rd 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 Government servants therein named and their receipts taken in the office copy of the bill or in a separate acquaintance roll.

Details of Medical Charges refunded			
Section of establishment and name of incumbent	**Period**		**Amount**
	From	**To**	

Appropriation for the year _____.	Rs.
Expenditure (including this bill)	Rs.
Balance	Rs.

Signature of the Drawing Officer

Passed for Rs. _____

Signature of the Controlling Officer

Station :

Date : **Received Contents**

Examined & Entered
Treasury Accountant

Signature of the Drawing Officer

Date :

Pay Rs. _____

For Use in the Audit Office

Admitted for Rs.

Objected to Rs.

Reasons for the objections :

Auditor **Superintendent**
(Gazetted Officer)

- t r j -