

T. R. FORM No. 35.
 (See S.R.246)
 ABSTRACT CONTINGENT BILL
 NO. /AC/PAO

Detailed bill will be sent for counter signature on _____

District Calcutta	BILL FOR CONTINGENT CHARGES OF Calcutta Pay & Accounts Office Code No.2054-00-096-NP-001-V-13 D.D.O. Code No. CAB/FNT/003	Monthly in which presented for payment at Treasury _____2000.
	Head of Account :-	Voucher No. _____ Last of payments for the month of _____2000.

Details of number of sub- vouchers	Detailed Head of charge with description where necessary and question of authority for charges requiring special sanction.	Amount
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	Es.	P.	Es.	P.
<p>Authority : G.O. No.</p> <p>Certified that : (1) The amount claimed in this bill was not drawn before (2) The Office copy of the bill agrees with that of the origi- nal copy (3) Necessary adjustment bill will be submitted in due course.</p> <p>A/c.Payee cheque may please be issued in favour of :</p> <p>Carried over :</p>				