

Department Development Fund GSMC and KEMH

FORM FOR PAYMENT OF BILL THROUGH DDF

Date:

To
Secretary
DDF.

I *Please pay crossed cheque//bearer cheque in favour of _____

for Rs. _____

towards (tick as appropriate)

1. Payment of bill No. _____ dated _____ enclosed herewith.
2. Reimbursement of bill No. _____ enclosed herewith.

II Payment will be collected by _____

III Approvals as required under DDF rules have been obtained (details as applicable).

IV It is certified that material referred to in the bill has been received /work has been satisfactorily carried out/this is advance payment.

Thanking you,

Yours Sincerely

HOD
Dept.

*Please ensure that adequate balance is available in your department's DDF account.