# MIZORAM UNIVERSITY

**FINANCE DEPARTMENT : AIZAWL**

**(Adjustment Account of Contingent Advance)**

**Name of Department : _____**

| Bill No. & Date | Amount of Temporary Advance Drawn | Ref. to Bill No. or vr. No. & date in which drawn | No. of each items/ vrs attached | Amount of each item/Vr. Attached | Particular of charge of each individual items/vrs. | Classifica-tion | Amount Rs. P. |
|---|---|---|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| | | | | | | | |

Total Rs.

(Rupees _____)

I certify that the expenditure charged in this bill has duly paid vouchers for all items of expenditures are attached to this bill. The unspent balance Rs. _____ (Rupees _____) only refunded vide Receipt No. _____ date _____

Signature of Advance Holder

**(FOR USED BY THE ACCOUNTS SECTION)**

Bill passed for Rs. _____
Objections _____
Amount Rs. _____
Reasons _____

Received back Rs. _____
and advance or Rs. _____
adjusted.

**Account Assistant** **Assistant Registrar (F)** **Initial of Cashier**