

मुरगांव पत्तन प्राधिकरण
MORMUGAO PORT AUTHORITY
 चिकित्सा विभाग **MEDICAL DEPARTMENT**
 चिकित्सा प्रापण तथा भंडार खंड
MEDICAL PROCUREMENT & STORES SECTION

अंतिम/आंशिक
 भुगलान
**Final/Part
 Payment**

भुगलान के लिए सिफारिश

दिनांक Date : _____

To:

वरिष्ठ लेखा अधिकारी(एम)

वित्त विभाग, हेडलैंड

Sr. Accounts Officer (M)

Finance Dept., Headland Sada

RECOMMENDATION FOR PAYMENT

पार्टी का नाम Name of the Party : _____

1	P.O NO. / DATE	
2	DOCUMENT NO.	
3	PARTY'S INVOICE NO. DATE (Original invoice enclosed)	
4	PARTY'S INVOICE AMOUNT	Rs.
5	ADVANCE PAID (IF ANY)	Rs.
6	FINAL AMOUNT (INVOICE AMOUNT ADVANCE PAID (IF ANY)	Rs.
7	DEDUCTION / EXCESS BILLING (in Rs.)	
	a	TOWARDS SHORT SUPPLY
	b	TOWARDS REJECTION
	c	TOWARDS LIQUIDATED DAMAGES (LD) (LD WORKING OUT SHEET ENCLOSED)
	d	TOWARDS EXPIRED MEDICINE / CREDIT NOTE (DETAILS ENCLOSED)
	e	TOWARDS SECURITY DEPOSIT (SD)
	f	TOWARDS PERFORMANCE GUARANTEE(PG)
	g	TOWARDS ANY OTHERS
	NET AMOUNT ADJUSTABLE	
8	NET AMOUNT PAYABLE & RECOMMENDED FOR PAYMENT	Rs.

टिप्पणिया

Remarks :

डीलिंग हैंड (बिल)

Dealing Hand (Bills) :

Certified that the invoice is duly verified by me and
 authorized in SAP and recommended for the payment

कार्यालय प्रभारी (बिल)
 Office In-charge (Bills)

Encl: Original invoice & GRN

उप एम एम
 Dy. M.M. :

सी एम ओ :
 CMO: