

CONTRACTORS' BILL

I.A.F.A. .68 (Revised)

Head of Accounts _____

Contract Agreement No. _____ Dated _____ for the period from _____ to _____

Name of Contractor with full postal address _____

Supporting voucher No. and date	Name of Unit	Description of articles supplied or service rendered	Quantity or number accepted (to be shown in figures as well as in words)	Rate (per)	Total Cost	Remarks

Certificate that :-

SALES TAX CERTIFICATE

Certified that the goods on which Sales Tax has been charged have not been exempted under the Central Sales/States/Union Territory Tax Act or the Rules made thereunder and the amounts charged on account of Sales Tax on these goods is not more than that what is payable under the Provisions of the relevant Act or the Rules made thereunder.

Certified further that we or our branch or Agent _____ (Address) _____ are registered as dealers in the State of _____ under local Registration No. _____ and in the State of _____ under Central Registration No. _____ for the purpose of Sales Tax.

Seal of the Firm _____

Date _____ Signature of Contractor _____

CERTIFICATE FROM THE CONTRACTOR

I have personally examined and verified and do hereby certify that the goods in respect of which payment is being claimed have been actually despatched by me/us under R. R. NO./B.L. No./Air Consignment No./Postal Receipt No. _____ dated _____ duly drawn in favour of the consignee which is genuine and mentioned in the bill and that I hold myself personally responsible for the correctness of this statement.

I further certify that the above mentioned R.R. No./B.L./Air Consignment No./Postal Receipt No. _____ dated _____ has been forwarded to the consignee mentioned in the contract under post acknowledgement due on _____ vide our letter No. _____ dated _____

Date _____ Signature and Seal of the Contractor _____

Certify *

(a) that the stores have been duly delivered and inspected and - found conformable to patterns and specification and fit for Govt. service and taken' on Charge Vide _____

(b) that the rates passed in this bill (1) agree with those passed in the _____ and that they have been compared and agree with the original documents recorded in this office, (2) are reasonable. .

(c) certified correct according to transport indent register item No. _____ and I.A.F.Z.-2150 attached.

(d) that no Govt. transport was available.

Station _____ Rank _____

Date _____ Designation _____

* These certificates are not required in respect of A.S.C. supplies.

Received the amount of Rupees (in words) _____

Payment to be made to my Banker Messers/The _____

.Rs. 1/-
Stamp

Signature of Contractor

Station _____

Signature of Contractor

CONTRACTORS' BILL INSTRUCTIONS

1. Each bill must refer to only one order/contract station as the case may be
2. Bill should be prepared in ink and the original copy receipted and stamped where the amount exceeds Rs. 20/- and should be supported by the original copy (ies) of Inspection Notes/Supply Order/IAFS-1520/Transport indent and Order Form.
3. Separate bills should be prepared for each month's supply as also for supplies made under contract and out of contract and for other depots in the case of M.S. Depots.
4. Bill or supplies made under A.S.C. contracts should be submitted direct to the C.D.A. In all other cases the bills should be submitted the Officers issuing the supply orders or Transport Indent. etc. in the latter cases extra copies of be should be prepared and submitted along with the original where required.
5. The instructions contained is the pamphlet, "Instructions for the guidance of A.S.C. Contractors in the preparation of their Bills for supplies 1935" should in' general, be followed in the preparation of bills.

FOR USE IN THE DEFENCE ACCOUNTS DEPARTMENT

1. Register of payments to Do a Purchase Contractors, etc. _____
District _____ Page No. _____
2. Bill Register No. _____
3. Number of enclosures _____
4. Rate and distance verified by _____
5. Retrenchments/outstanding demands _____
Passed (Rs. _____ P _____)
Rupees _____ for
(In words)

Payment as under:

Voucher No. _____

A.G.'s Code No.	Treasury	Name of Payee	Amount of cheque	Date of cheque	Initials of Supdt., 'D' Section	Initials of O. // C 'D' Section

Auditor

Superintendent

A.O. / A.C.D.A. / D.C.D.A.

Dated
29/MFS/Army/Cal/93-9, 00,000-9-11-94-GI PG,

Dated

Dated