

The Chief Medical Officer
W.U.S. Health Centre
University of Delhi
Delhi-110007.

Subject: Payment of Local Purchase bills through Cheque/Cash

Sir,

I am enclosing herewith bill(s) L.P. Medicines charges as detailed below:-

S.No.	Cash Memo No./ Date	Amount
1.		
2.		
3.		
4.		
5.		

Total

Yours Faithfully,

Signature.....

Name of Employee.....

Token No.

Designation.....

College/Deptt.....

Telephone No.....

Address.....

.....

Saving Bank A/c No.

.....

IFSC Code

Please attach :-

- Original prescription slip duly verified by Pharmacist, Medical Store of W.U.S. Health Centre.
- Original bill duly verified by Pharmacist, Medical Store of W.U.S. Health Centre and Kendriya Bhandar, University of Delhi.
- Photocopy of first page of bank pass book/cheque.