



DEPARTMENT OF GEOLOGY AND MINES
STAFF WELFARE SCHEME

FORM E – PAYMENT VOUCHER

Voucher No.

A. CLAIMANT AND CLAIM DETAILS:			
Name of the Member/Beneficiary:			
CID Number:			
Claim types:	Medical Treatment:		Demise of a beneficiary:
	Demise of a Member:		Fire Disaster Semso:
	Refund of contribution:		Others (Hospital visit/gift/meetings, events etc.):

B. PAYMENT DETAILS			
Amount (in Figure):	Nu.		
Amount in Words	Ngultrum		
Cheque	Number:		Date:

PREPARED BY:	
Name:	(Signature of Treasurer)
Date:	

APPROVED BY:		
(Secretary)	(Vice-Chairman)	(Chairman)

RECEIVED BY:	
Name:	(Signature)
Date:	
Mobile No.:	