

Steps for Preparing a Medical Reimbursement Nil Bill

- Let us Assume you have to **prepare a nil bill** for a payee who took an **advance amount** of Rs. 2,25,000.
- Their **total expenditure** is Rs. 1,12,305.
- The **remaining amount** of 1,12,695 is refunded via **Challan**.
- Let us also assume that the **advance Bill was not prepared from e-Billing**.

1. First add the bill details of the nil bill such as:

| | | |
|---------------|---------------------|------------------------|
| Major Head | Scheme Code | Object Head |
| Bill Type | Bill Category | TR Form |
| Type of Payee | Bill for Payment To | General/Sixth Schedule |
| Budget Type | Particulars | |

Bill Entry (* indicates mandatory fields)

Bill Transaction ID *: 2411141518060001P

Major Head *: --SELECT MAJOR HEAD--

Scheme Code *: --Select Scheme--

Object Head *: --Select Object Head--

Bill Type *: --Select Bill Type--

Bill Category *: --Select Bill Category--

TR Form *: --Select TR Form--

Type of Payee *: --Select Type--

Bill for Payment to *: --Select--

General/Sixth Schedule: *

General

Sixth Schedule

Others

Budget Type: *

Development

Establishment

Public Account

2. Next click on the “Next” button.

General/Sixth Schedule: *

General

Sixth Schedule

Others

Budget Type: *

Development

Establishment

Public Account

Particulars: *

Medical Nil Bill

CHECK BALANCE

NEXT → CANCEL ✕

3. On click of “Next”, a pop up appears requesting if **Advance Adjustment is Required**.

General/Sixth Schedule: *

General
 Sixth Schedule
 Others

Advance Payment Adjustment Required? Yes No

- In this case, click **“Yes”**.
- Next another query is displayed inquiring if the advance bill was prepared from e-Billing.

General/Sixth Schedule: *

General
 Sixth Schedule
 Others

Particulars: *

Medical Nil Bill

Advance Payment Adjustment Required? Yes No

Advance Bill was made from e-Billing? Yes No

- You can click **“Yes”**.
- If you clicked on **“Yes”**, a list of inputs requesting details for the advance bill is displayed. Enter the details being the:

| | | |
|---------------------------|----------------------|-----------------------------|
| Financial Year | Treasury Code | Advance Bill Voucher Number |
| Advance Bill Voucher Date | Treasury Bill Number | |

General/Sixth Schedule: *

General
 Sixth Schedule
 Others

Particulars: *

Medical Nil Bill

Advance Payment Adjustment Required? Yes No

Advance Bill was made from e-Billing? Yes No

Financial Year: --SELECT FINANCIAL YEAR --

Treasury Code: --SELECT TREASURY CODE --

TV Number:

TV Date: dd-mm-yyyy

Treasury Bill Number:

Next

- After entering the details, click on **“Next”**. You will be redirected to a new Page.
- In case the advance bill was not prepared from e-Billing, click **“No”**, Then click on the **“Next”** button.

General/Sixth Schedule: *
✕

General
 Sixth Schedule
 Others

Particulars: *

Medical Nil Bill

Advance Payment Adjustment Required? Yes No

Advance Bill was made from e-Billing? Yes No

NEXT →

CHECK BALANCE ↓

10. You will be redirected to a new page where you will have to enter the details of the Advance bill such as:

| | | |
|---|--|---|
| <p>Major Head</p> <p>Bill Type</p> <p>Type of Payee</p> <p>General/Sixth Schedule</p> <p>Financial Year</p> <p>Net Amount</p> <p>Voucher Date</p> | <p>Scheme Code</p> <p>Bill Category</p> <p>Bill for Payment To</p> <p>Budget Type</p> <p>Treasury Code</p> <p>Treasury Bill Number</p> | <p>Object head</p> <p>TR Form</p> <p>Particulars</p> <p>Medical Institution</p> <p>DDO Code</p> <p>Voucher Number</p> |
|---|--|---|

REIMBURSEMENT BILL ENTRIES

| | | | | | |
|-----------------------------|-----------------------|----------------------------------|-------------------|---------------------|--|
| Bill Transaction ID: | 24111415180600001P | Scheme Code: | 242071011010100V1 | Scheme Name: | Superannuation and Retirement Allowances |
| Object Head: | 06 | Object Description: | Medical Treatment | Bill Type: | 02 |
| Bill Category: | Normal/Regular | TR Form: | TR 19A | Payee Type: | Employee |
| Bill Paid To: | Direct to Beneficiary | General / Sixth Schedule: | General | Budget Type: | Establishment |
| Particular: | Medical Nil Bill | | | | |

ADVANCE BILL ENTRIES

(* indicates mandatory fields)

| | | | |
|-----------------------|-----------------------|------------------------|----------------------|
| Major Head: * | Scheme Code: * | Object Head: * | Bill Type: * |
| --SELECT MAJOR HEAD-- | --Select Scheme-- | --Select Object Head-- | --Select Bill Type-- |

ADVANCE BILL ENTRIES

(* indicates mandatory fields)

Major Head: * 2071 - PENSIONS AND OTHER RETIREMENT BENEFITS

Scheme Code: * 242071011010100V1 - Superannuation and Retirement Allow

Object Head: * 06 - MEDICAL TREATM

Bill Type: * 01-MEDICAL ADVANCE

Bill Category: * Normal/Regular

TR Form: * TR 19B

Type of Payee: * Employee

Bill for Payment to: * Direct to Beneficiary(s)

Particulars: * Medical Advance Bill

General/Sixth Schedule: * General
 Sixth Schedule
 Others

Budget Type: * Establishment
 Public Account

Medical Institution: * North Eastern Indira Gandhi Regional Institute of Health &

General/Sixth Schedule: * General
 Sixth Schedule
 Others

Budget Type: * Establishment
 Public Account

Medical Institution: * North Eastern Indira Gandhi Regional Institute of Health &

Financial Year: * 2023-2024

Treasury Code: * 20 -- Shg South

DDO Code: * 1000001

Net Amount: * 225000

Treasury Bill Number: *

Voucher Number: * 3395

Voucher Date: * 2016-07-18

- For this case, the **Net Amount** value would be 225000.00
- After entering these details of the advance Bill, next you will have to enter the payee of the advance Bill.
 - Select the Payee Type from the input given, either **Employee**, **Pensioner** or **Pensioner from Bank**.
 - Next enter the name of the Payee (partial name or full name). Click on “**Search**”.

ADVANCE BILL PAYEE ENTRIES

Select Payee Type: Employee

Enter Name: arba

| | Employee CODE | NAME | PAY SCALE | BASIC PAY | DESIGNATION | BANK NAME | BRANCH NAME | ACCOUNT NUMBER |
|-------------------------------------|---------------|------------------------|------------------|-----------|--------------------------------|---------------------|----------------------------|----------------|
| <input type="checkbox"/> | 1990100394N | Alpha Mary Warbah | Pay Level 19 | 99000 | Jt Director Accts and Training | STATE BANK OF INDIA | LAITUMKHAH | 10613720815 |
| <input type="checkbox"/> | 2017200070M | Badahunlang Marbaniang | Consolidated Pay | 14100 | Data Entry Operator | STATE BANK OF INDIA | NEHU | 31990940489 |
| <input checked="" type="checkbox"/> | 2019100320J | Baiaikyrmn Marbaniang | Pay Level 11 | 40100 | Junior Cooperative Officer | STATE BANK OF INDIA | THIRD MILE, UPPER SHILLONG | 31873698136 |

14. Next check-mark the entry you want by clicking on the **check-box** next to the Employee CODE value.

15. After that is done, click on the **“Next”** Button in the bottom right.

| | | | | | Assistant | INDIA | | |
|--------------------------|-------------|---------------------------|--------------|-------|--------------------------|---------------------|-------------------|-------------|
| <input type="checkbox"/> | 1970200001J | Marbakor Nongslej | Pay Level 12 | 73300 | Superintendent | STATE BANK OF INDIA | MAIN BR, SHILLONG | 10881424976 |
| <input type="checkbox"/> | 2013200011R | Sandrina Mabel Marbaniang | Pay Level 7 | 37200 | Lower Division Assistant | STATE BANK OF INDIA | RYNDAH BAZAR | 31434320438 |

Showing page 1 of 1 pages.

NEXT →

16. Now you are redirected to a new Page.

17. In this new page, there is a question **“Refund Challan Adjustment Required?”**.

- For nil bills, the option to select here will always be **“Yes”**.
- For reimbursement bills, the option to select here will be **“No”**.

| | | | |
|-----------------------------|----------------------------|--------------|------------------------|
| Bill Transaction ID: | 24070117161200001B | Object Head: | 06 - Medical Treatment |
| Bill Type: | 02 - MEDICAL REIMBURSEMENT | TR Form: | TR 19A |
| Particulars: | test | DDO BILL No: | 15 |
| Total No. of Beneficiaries: | 1 | | |

MEDICAL REIMBURSEMENT TYPE

Refund Challan Adjustment Required?

Yes No

18. For our nil bill case, we will select **“Yes”**.

19. After selecting Yes, a new option to enter the Sanction Details will be displayed.

20. Enter the sanction details such as Sanction Type, Sanction Order Number, Sanction Date and Sanction Amount.

- This sanction amount is the amount of the advance bill.
- In our case here the amount to be entered would be **225000.00**.

21. Once details are entered, click on **“Save”**. Then Click on **“Next”**.

MEDICAL REIMBURSEMENT TYPE

Refund Challan Adjustment Required?

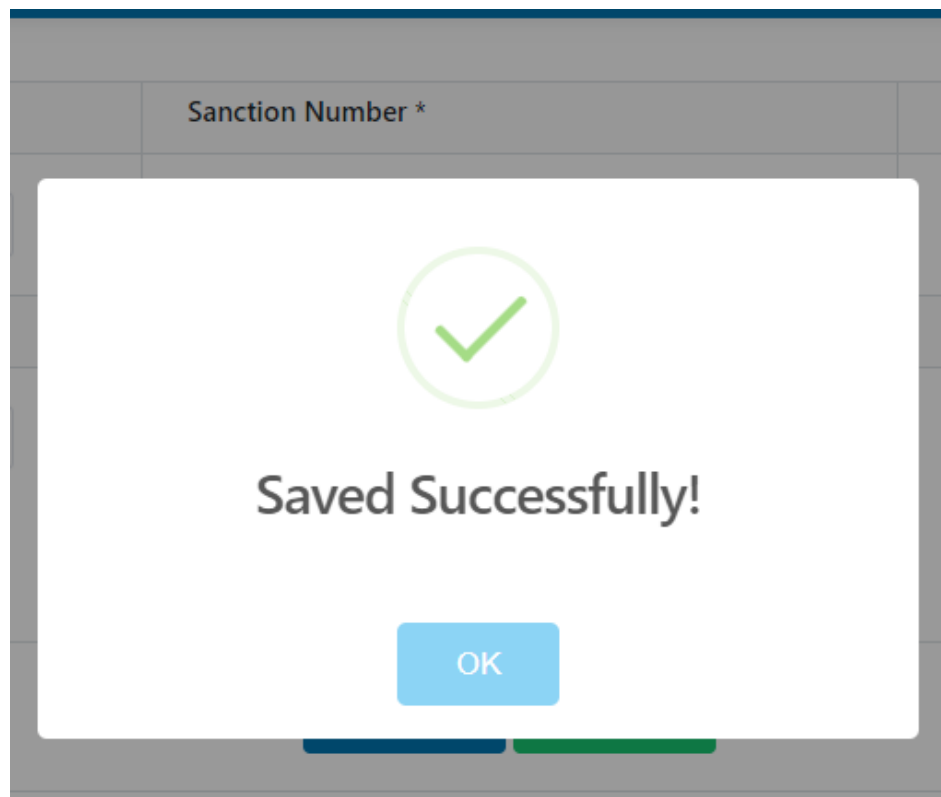
Yes

No

SANCTION DETAILS

| | | |
|-----------------|-------------------|-----------------|
| Sanction Type * | Sanction Number * | Sanction Date * |
|-----------------|-------------------|-----------------|

| | | |
|---|---|-----------------|
| Sanction Type * | Sanction Number * | Sanction Date * |
| Single Sanction | MG/123 | 04-11-2024 |
| Sanction Amount* | Upload Sanction* | |
| 225000 | Do u want to Upload Sanction Order File? (File Size should be less than 1Mb.) <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| <input type="button" value="SAVE"/> <input type="button" value="NEXT"/> | | |



22. A new option to enter Medical Reimbursement Details will be displayed.
23. Enter the details such as:

| | | |
|--------------------------------------|------------------------------|-------------------------------------|
| Sanction Treatment For Amount. | Beneficiary Family Member | Medical Institution Patient Name |
|--------------------------------------|------------------------------|-------------------------------------|

MEDICAL REIMBURSEMENT DETAILS
^

PLEASE ENTER GROSS AMOUNT DUE TO INSTITUTION

| Sanction | Beneficiary | Medical Institution | |
|---------------|----------------------|---|--------|
| MG/123 | 197020000U -Marbakor | North Eastern Indira Gandhi Regional Institute of Health & Medical Science (NEIGRI) | |
| Treatment For | Family Member | Patient Name | Amount |
| Self | Self | Marbakor Nongsiej | 112305 |

SAVE

NEXT

No Data!

- This amount will be the amount paid to the institution. In our case, the advance amount was 225000.00 but the actual amount used was just 112305.00.
 - Enter the amount 112305.00 here.
24. Once details are entered, click on **“Save”**. Then Click on **“Next”**.
 25. A new option to enter Refund Challan Details will be displayed.
 26. Enter the details such as Financial Year, Trea Code and Challan/Bill Number.
 27. Once details are entered, click on **“Fetch”**. The required details will then be displayed such as:

| | | |
|--------------------------------------|--------------------------------|----------------------------|
| Challan / Bill Number Scheme Name | Challan Date Challan Amount | Scheme Code Beneficiary |
|--------------------------------------|--------------------------------|----------------------------|

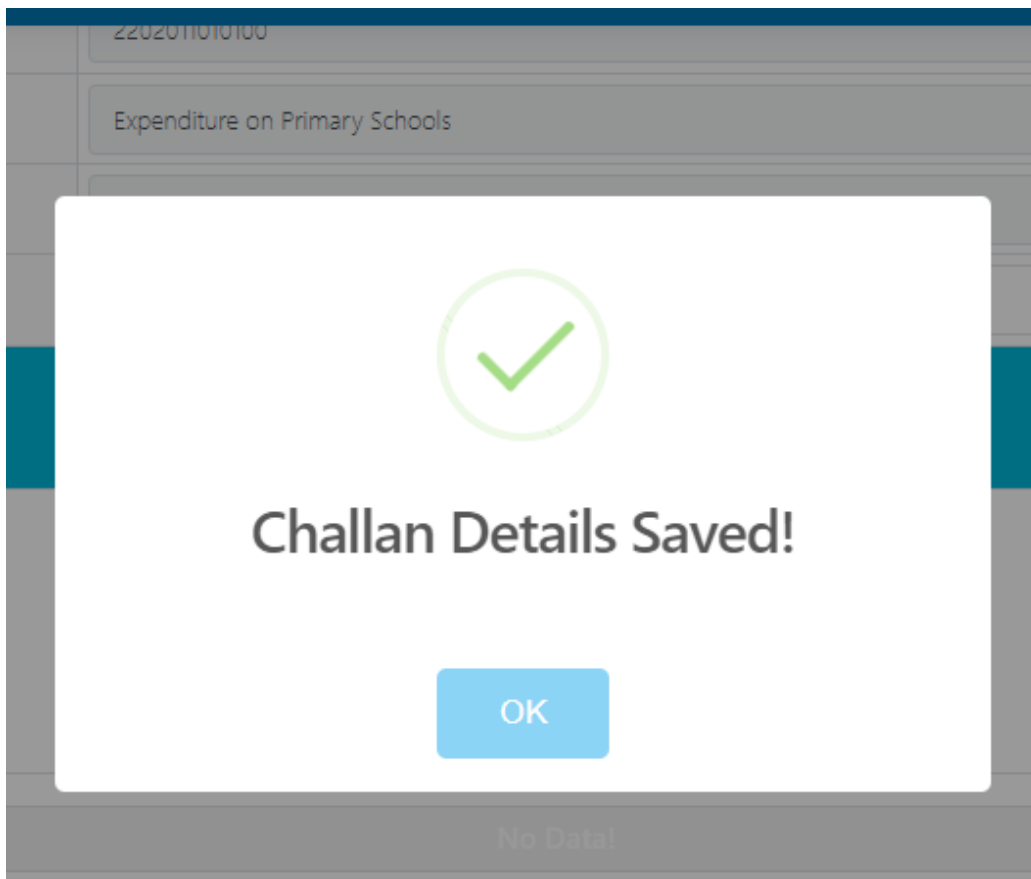
REFUND CHALLAN DETAILS
^

| Financial Year Number | Trea Code | Challan / Bill Number |
|-----------------------|-----------|-----------------------|
| 2023-2024 | 80 | 1483 |



FETCH


| | |
|-------------------------|--------------------------------|
| Challan / Bill Number * | Original Challan / Bill Number |
|-------------------------|--------------------------------|


| | |
|-------------------------|--------------------------------|
| Challan / Bill Number * | 1483 |
| Challan Date * | 2023-10-06 |
| Scheme Code * | 2202011010100 |
| Scheme Name * | Expenditure on Primary Schools |
| Challan Amount * | 112695 |
| Beneficiary * | --SELECT BENEFICIARY -- |



28. Select the Beneficiary, then click on “**Save**” and then click on “**Next**”.
29. A new button in the bottom right called “**Finalize**” will be displayed. Click on this button.

SAVE 
NEXT 


| Scheme Code | Scheme Name | Challan Number | Challan Date | Challan Amount | |
|---------------|--------------------------------|----------------|----------------|----------------|--|
| 2202011010100 | Expenditure on Primary Schools | 1483 | 6 October 2023 | 112695 | DELETE  |

FINALIZE 


30. Once done, the Bill Entry will be Finalized and a new page will be displayed.

31. On this page, you can forward the bill to the Checker Level User.

BILL ENTRY DETAILS


VIEW DRAFT REPORT 

| | | | |
|----------------------|----------------------------|-------------------|------------------------|
| Bill Transaction ID: | 24070117161200001B | Object Head: | 06 - MEDICAL TREATMENT |
| Bill Type: | 02 - MEDICAL REIMBURSEMENT | TR Form: | TR 19A |
| Particulars: | test | DDO BILL No: | 15 |
| Gross Amount: | 0.00 | Deduction Amount: | 0.00 |
| Net Amount: | 0.00 | | |

NEXT 

SANCTION DETAILS

| | | |
|--|---------------|------------------|
| | Total: | 225000.00 |
|--|---------------|------------------|


SCROLL 

BENEFICIARY DETAILS

SUB-DETAIL HEAD DETAILS

TO FORWARD BILL, PLEASE CLICK ON VIEW DRAFT REPORT.

ACTIONS

← REVIEW
VIEW DRAFT REPORT 

--Select User for Approval--

FORWARD →