

MDM Monthly Bill Register

Name of the School: _____

Month: _____

Year: _____

S.No	Date	No. of Students		Eggs	Menu			Cooking Cost @_____-/-	Payable Amount for CCH	Remarks
		Present	Taken		Egg & Sambar	Curry	Other			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
Total										

Rs. _____/-

In words _____

Payable Cooking cost amount in words _____

Consolidated Monthly Received, Issued & Balance Details (Rice in Kgs & Egg in Numbers)

Balances	O.B	Received	Total	Utilized	C.B	Next month Indent
Rice						
Eggs						
Date of bill prepared:			Date of bill submission:			Amount Credited to Agency: Yes/No
						Credited on:

Signature of the HM