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**Form 'B'**

FIRM ADDRESS: \_\_\_\_\_

**LAB TEST / ANALYSIS CHARGES VOUCHER**

REQUEST FORM NO & DATE \_\_\_\_\_

DATE OF RECEIPT OF SAMPLE \_\_\_\_\_

\_\_\_\_\_

NO OF	DESC OF	TESTS	RATE	AMOUNT
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TOTAL: \_\_\_\_\_

AMOUNT PAYABLE IN WORDS \_\_\_\_\_

**DISTRIBUTION**

- AGENCY / FIRM CONCERNED
- FINANCE SECTION
- OFFICE COPY

SIGNATURE

\_\_\_\_\_

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**FOR USE IN FINANCE SECTION ONLY**

- \_\_\_\_\_
- RECEIVED PAYMENT RS \_\_\_\_\_ (RUPEES \_\_\_\_\_)
  - BY CASH/CHEQUE NO \_\_\_\_\_ DATED \_\_\_\_\_
  - DRAWN ON \_\_\_\_\_
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