To,
The Secretary,
District Legal Services Authority, Nadia.

Name : _____

SUB : BILL FOR THE MONTH OF _____ 201 ___

Sir,

I, being the Paneled Lawyer of _____,
have rendered my service to the Clinic for the following days and submitting my Bill herewith.

DATE	TOTAL NO. OF WORKING DAYS	WORK DONE	FEES FOR EACH DAY	TOTAL AMOUNT
			TOTAL = Rs.	

I shall be highly obliged if you kindly pass the bill for the Month of _____ 201___
i.e. The Total Amount of Rs. _____ (_____)

Thanking You,

Date : _____

_____