LIABILITY REGISTER (MODIFIED)

Sl. No.	Date	Name of supplier/ scheme	Items/ Work	Quantity	Initial of Indenting officer	Reference for payments					Remarks, if any	Initial of disbursing officer
						Party's Bill No & date	Amount	C.B. No. & date	Cheque No. & date	Amount paid.		
1	***2***	***3***	***4***	***5***	***6***	***7***	***8***	***9***	***10***	***11***	***12***	***13***