

**STATEMENT SHOWING THE DETAIL EXPENDITURE INCURRED FOR THE LEGAL AID CASES**

**Name of Legal Aid Counsel :**

**Districts :**

Name of legal aided person (s) or legal aid applicant	Name of parties	Case reference	Appointment letter no	Status of the case	Date appeared	Name of court appeared	Fees changed	Other miscellaneous expenses incurred	Countersignature of the court	Remarks
1	2	3	4	5	6	7	8	9	10	11

Total column 8+9 = `

Signature of Legal Aid Counsel

1. Check & verified with work register and countersigned by the Chairman DSLA	` (Rupees )	Signature of Chairman, DSLA
2. Verified & examined by the Accountant, MSLSA and entered accordingly in the payment register	` (Rupees )	Signature of Accountant, MSLSA
3. Examined all papers & documents and sanctioned for  ` _____ (Rupees _____)		Signature of Member Secretary, Meghalaya State Legal Services Authority

