

Certified that:-

1. I remained on duty during the period of bill;
2. I am not residing in my work premises / Estate and is residing with in the limit of Municipality.
3. My wife/husband is not in the service of Government /Autonomous organization;
4. I am not being allowed private practice / Consultancy / Business etc.;
5. I have not been provided any Government / University Vehicle for official duty.;
6. The amount claimed have not been drawn previously.;
7. I am insured and policy is in progress.

Signature and stamp of Claimant

An amount of Rs (Rupees) is hereby sanctioned against the funds allocated in Budget Estimates for the F. Y as shown under : Original bill is forward to the office of the treasurers for payment under rules..

HEAD OF ACCOUNT

Major Head _____
Minor Head _____
Detailed Head _____

FUNDS DETAIL

Allocation _____
Progressive total _____
Receivable _____

No. _____
Date _____

Signature and stamp of Head of Department
DDO/Cost Centre

Verified that the payment is provided for in the approved budget of the department / Cost center. Forwarded to the Audit Officer for payment under statutes, rules & regulations.

No. _____
Date _____

Deputy Treasurer
(Budget & Accounts)

PAY ORDER

Passed Gross amount for Rs. _____ (Rupees _____) in favour of the followings:

I) Mr. / M/S _____	Amount
(Rupees _____)	_____
ii) G.S.T	@ _____
iii) Income Tax.	@ _____
iv) Education Cess	@ _____
v) T.Q.T	@ _____
vi) Stamp Duty	@ _____
vii) K.L.C	@ _____
viii)	@ _____
ix)	@ _____
x)	@ _____

Grand Total _____

J. Auditor

S. Auditor

Auditor Officer

Observation Note