

T. R. FORM NO. 31

[See sub-rule (1) of T. R. 4.195 & sub-rule (1) 4.197]

Grant-in-aid Bill/Consolidated Grant-in-aid Bill

Name of the Office _____
 D.D.O. Code _____ Bill No. _____ Date ___/___/___
 Token No _____ Date ___/___/___ T.V. No. _____ Date ___/___/___
 Head of Account Code _____

Sanctioned by:		Sanction No. & Date: _____ (Copy enclosed)	
Sanctioned Amount: Rs. _____	Period: From To _____	Purpose: _____	
Name of the Grantee Institution _____			Amount (Rs.) _____
Total Amount Rupees _____			_____

Pay Rs. _____ Rupees (in words) _____ only as per beneficiary list enclosed.

AND/OR

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below-

SI No.	Head of Account	Description	BT Type	Amount (Rs.)

AND/OR

PL Transfer Rs. _____ Rupees (in words) _____ only as below-

Operator Code	Operator Name	Scheme ID	Scheme Description	Amount (Rs.)

Certified that:

- The amount of this bill was not drawn before and it agrees with that in the office copy of this bill.
- The utilisation report in respect of the previous grant has been furnished and accepted by the sanctioning authority,
- The utilisation report in respect of the present amount will be furnished to the sanctioning authority by Grantee Organisation in due course.

Station _____

Dated _____ 20 _____

Signature of the D.D.O. _____

Designation _____

For use in Treasury

Pay Rs. _____ Rupees (in words) _____

only as per beneficiary list enclosed

By-Transfer Credit Rs. _____ Rupees (in words) _____

AND/OR

only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and Entered.

Accountant /J.A.O.

T.O./A.T.O./P.A.O./A.P.A.O.

For use in the Office of the Accountant General (Audit), West Bengal

Admitted for Rs. _____

Objected to Rs. _____

Reason of Objection _____

Auditor

S.O./A.A.O.

Audit Officer