

T. R. FORM NO. 32

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

[To be attached with T.R. Form No. 31]

Consolidated Grants-in-Aid Bill / Cheque Slip

D.D.O. Code _____ Bill No. _____ Date _____

Grant No. _____

Head of Account Code _____ Token/T.V. No. _____ Date _____

Bill for grants-in-aid paid at the _____ Treasury/Kolkata Pay & Accounts Office, for the month of _____ 20__.

Name of School	Address of School	Name of Paying Bank	Account No.	Amount payable and to be drawn /credited	Remarks
1	2	3	4	5	6

Collection Charges _____

Total Rs. _____

(Rupees _____)

Accountant

District Inspector of Schools, _____

/Assistant Inspector of Schools, _____

To

The Manager,

_____ Bank

_____ Branch.

The enclosed cheque for Rs. _____ (Rupees _____) is sent for favour of credit to the Special Single Name Account of Schools mentioned above.

Date of issue of cheques :

Serial number of cheques :

Accountant/J.A.O.

Treasury Officer/ Additional
Treasury Officer/ Pay &
Accounts Officer/ Additional
Pay & Accounts Officer