

T. R. FORM NO. 34

[See sub-rule (4) of T. R. 4.199 sub-rule (1) of T.R.4.201]

Bill for Refund of Revenue

Name of Office _____	D.D.O. Code _____
Bill No. _____ Date __/__/____	Token No. _____ Date __/__/____
Head of Account Code _____	T.V. No. _____ Date __/__/____
Sanction No. _____ Date __/__/____	Sanctioned Amount (Rs.) _____
Designation of the Sanctioning Authority _____	

(Deduct Refund)

In whose name credited	On what account received	Amount realised /received (Rs.)	Date of Receipt in Treasury	Amount credited			T.O./A.T.O./P.A.O./A.P.A.O.'s signature in token of keeping a note of refund against relevant entry in the subsidiary receipt register	Name of Payee	Amount to be Refunded (Rs.)
				Head of Account	Challan No. & Date	Gross Amount (Rs.)			
1	2	3	4	5	6	7	8	9	10

Total (in words) Rupees _____ only

Certified that:

- (1) Order of refund has been registered and noted against the original receipt entry in the departmental account under my dated initial.
- (2) Refund of the amount has not been made earlier.

Passed for payment for Rs. _____ as per Sanction Order details mentioned above.

Please pay Rs. _____ (Rupees in words) _____ only as per
Beneficiaries list enclosed.

Bill Clerk

Accountant

Signature and Designation of the D.D.O.

Station _____

Date _____ 20 ____

For use at the Treasury

Pay Rs. _____ (Rupees _____) only as per
list of Beneficiaries.

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 _____

Objected _____ for reasons stated below:

Auditor

S.O./A.A.O./Audit Officer
