

T. R. FORM NO. 42

[See T. R. 6.12]

Deposit Repayment Order and Bill Form

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

Original Challan No. _____
Date of Deposit _____
Amount originally deposited Rs. _____
Under Head of Account _____

Name of Depositor	Amount deposited (Rs.)	Deduction (Rs.)	Net Payable (Rs.)

Rupees (in words) _____ only
Balance available (Rs.) _____

Passed for payment Rs. _____ Rupees (in words) _____
_____ only as per approval of Judge, District Magistrate or
other officer vide No. _____ dated ___/___/___.

Received as on ___/___/___ the sum of Rupees _____ being the
amount payable _____ on account of the deposit described above as per list enclosed.

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

AND/OR

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

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

Certified that the amount claimed in this bill was not drawn before.

Bill Clerk _____ Accountant _____ Signature & Designation of the D.D.O. _____

Station _____
Date _____ 20__

Pay Rs. _____ (Rupees _____) only as
per list enclosed. **For use at the Treasury**

Examined and entered.

Accountant/J.A.O.

Station _____

Dated _____ 20 _____

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

For use in the Office of the A.G.(Audit), West Bengal

Admitted for Rs. _____
Objected to Rs. _____ for reasons stated below.

Auditor

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