

**T. R. FORM NO. 5***[Sec. sub-rule (1) of T. R. 3.13]*

**Accounts for Departmental Receipts of \_\_\_\_\_ (Name of the Department/Directorate/Officer)  
for the month of \_\_\_\_\_**

Date	Opening Balance	Add Amount Received during the month			Date	Less Payments/Expenditure made during the month			Closing Balanch	Remarks Challan No. & date for deposit of excess receipts
		Head of Account	Nature of receipt	Amounth		Head of Account	Nature of payment	Amount		

Total :

Total :

Cashier

Accountant

Signature with designation of the D.D.O.

Memo. No. \_\_\_\_\_ Dated \_\_\_\_\_

Forwarded to the Accountant General (Accounts and Entitlement), West Bengal, Treasury Buildins, Kolkata – 700 001