

TR Form No.70 (C)

(See G.O No. 736 – F(Y) dated 10.02.2015)

[Security Deposit/Miscellaneous deposit refund order and bill form for Works and Forests for Presenting in P.A.O/Treasury]

| | |
|----------------------------|-----------------------------------|
| Office of the _____ | Bill No. _____ Date ___/___/___ |
| D.D.O. Code _____ | Token No. _____ Date ___/___/___ |
| T.V. No. _____ | Date ___/___/___ |
| Head of Account Code _____ | Bill for the month of _____ 20___ |

| | |
|----------------|-------------------|
| Bill For _____ | (Type of Deposit) |
|----------------|-------------------|

| |
|------------------------------------|
| Name of Contractor/ Supplier _____ |
| Name of work _____ |

| Deposit Head of Account: _____ | | | | | | |
|--|-------------------|---------------------------|--|---|---------------------------|---------------------------------|
| Balance available before this Bill (Rs.): _____ | | | | | | |
| Progressive expenditure excluding this Bill (Rs.): _____ | | | | | | |
| **Original Challan No. | **Challan Date | **Challan Amount (Rs.) | **Amount already paid against this Challan (Rs.) | Amount payable in this Bill (Rs.) | **Name of Depositor | **Balance Available (Rs.) |
| | | | | | | |
| | | | | | | |

Total Rupees (in words) _____ only

Balance available (Rs.) _____

Certified that-

- The amount claimed in this bill has not been drawn before.
- Both office copy and fair copy of the bill agree with each other.

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

AND/OR

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

| Sl No. | Head of Account | Description | Amount (Rs.) |
|--------|-----------------|-------------|--------------|
| 1 | | | |
| 2 | | | |
| | Total Rs. | | |

Bill Clerk

Divisional Accounts
Officer/Divisional
Accountant/Accountant

Signature and Designation
of D.D.O

Date _____ 20___

Station _____

**** Not applicable for security deposits submitted before 1/4/2015**

For use in the Treasury

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

AND/OR

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

| Sl No. | Head of Account | Description | Amount (Rs.) |
|--------|-----------------|-------------|--------------|
| 1 | | | |
| 2 | | | |
| | Total Rs. | | |

Examined and Entered.

Accountant/ J.A.O.

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

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

Admitted Rs. _____

Objected Rs. _____ for reasons stated below:-

Auditor

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

Dated _____ 20__
