T. R. FORM NO. 31
[See sub-rule (1) of T. R. 4.195 & sub-rule (1) 4.197]

Grant-in-aid Bill/Consolidated Grant-in-aid Bill

Name of the Office

D.D.O. Code

Token No

Date

T.V. No

Date

Head of Account Code

Sanctioned by:

Sanctioned Amount: Rs.

Sanction No. & Date:

Period: From To

Purpose:

Name of the Grantee Institution

Total Amount Rupees

Pay Rs. Rupees (in words)

only as per beneficiary list enclosed.

By-Transfer Credit Rs. Rupees (in words)

AND/OR

only as below-

<table>
<thead>
<tr>
<th>SI No.</th>
<th>Head of Account</th>
<th>Description</th>
<th>BT Type</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PL Transfer Rs. Rupees (in words)

AND/OR

only as below-

<table>
<thead>
<tr>
<th>Operator Code</th>
<th>Operator Name</th>
<th>Scheme ID</th>
<th>Scheme Description</th>
<th>Amount (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Certified that:
(a) The amount of this bill was not drawn before and it agrees with that in the office copy of this bill.
(b) The utilisation report in respect of the previous grant has been furnished and accepted by the sanctioning authority.
(c) The utilisation report in respect of the present amount will be furnished to the sanctioning authority by Grantee Organisation in due course.

Station

Dated

Signature of the D.D.O.

Designation
For use in Treasury

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

By-Transfer Credit Rs. ___________ Rupees (in words) ___________ AND/OR ___________ only as below-

<table>
<thead>
<tr>
<th>SL No.</th>
<th>Head of Account</th>
<th>Description</th>
<th>BT Type</th>
<th>Amount (Rs.)</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

Examined and Entered.

Accountant /J.A.O. ____________________________


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

Admitted for Rs. ___________________________

Objected to Rs. ___________________________

Reason of Objection ________________________

Auditor ____________________________ S.O./A.A.O. ____________________________

Audit Officer ____________________________