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__/__/________ T.V. No. ___________ Date__/__/________
Head of Account Code __________________________
Sanction No. ______________ Date__/__/________ Sanctioned Amount (Rs.) __________________________
Designation of the Sanctioning Authority __________________________

(Deduct Refund)

<table>
<thead>
<tr>
<th>In whose name credited</th>
<th>On what account received</th>
<th>Amount realised/received (Rs.)</th>
<th>Date of Receipt in Treasury</th>
<th>Amount credited</th>
<th>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</th>
<th>Name of Payee</th>
<th>Amount to be Refunded (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

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


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