T.R. FORM NO. 40

[See sub-rule (2) of T.R. 6.09 and T.R. 6.31,]

Administrator Code _____ Authority No. _____

Head of Account Code _____ Date _____ of Opening the Account

Ledger / Pass Book of Local Fund Account / Personal Deposit Account / Provident Fund Account (Consolidated)

Name of the Administrator _____

Daily Receipts and Payments from the Deposit Account for the month of_____20__

Receipts							Payments								
Date	Opening Balance	Challan No. or Token No.	Particulars	Scheme Code	Amount of deposit / transfer credit	Total	Date of encashment of the Cheque	Advice No. with date & purpose of withdrawal	Particulars	Cheque No. and Date	Scheme Code	Amount	Closing Balance.	Initial of the T.O./ A.T.O./P.A.O./A.P. A .O	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)