

**T. R. FORM NO. 43**

[See sub-rule (1) of T. R. 6.14]

**Transfer Credit Bill Form**

Name of the Office \_\_\_\_\_  
 D.D.O. Code \_\_\_\_\_ Bill No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Token No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ T.V. No. \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
 Head of Account Code \_\_\_\_\_

Sanction No. & Date (Copy enclosed):					
Sanctioning Authority:					
Purpose:					
Sanctioned Amount (Rs.):			Period: From _____ To _____		
Operator Code	Operator Name	Scheme ID	Scheme Description	Name of the Grantee Authority	Amount (Rs.)

Please pay By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
 only as below-

Sl No.	Head of Account	Description	Amount (Rs.)

Bill Clerk \_\_\_\_\_ Accountant \_\_\_\_\_ Signature of the D.D.O with Designation \_\_\_\_\_

Station \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_

**For use in the Treasury**

Please pay By-Transfer Credit Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_  
 only as below-

Sl No.	Head of Account	Description	BT Type	Amount (Rs.)

Examined and entered.

\_\_\_\_\_  
 Accountant /J.A.O.

\_\_\_\_\_  
 T.O./A.T.O./P.A.O./A.P.A.O.

**For use in Accountant General (Audit), West Bengal's Office**

Admitted for Rs. \_\_\_\_\_

Objected to Rs. \_\_\_\_\_

Reason of Objection \_\_\_\_\_

Auditor

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