

**T. R. FORM NO.73**  
**[See G.O. No. 2646-F(Y) Dated 03/05/2019]**

D.D.O. Code _____	Bill No. _____	Date ___/___/___	Token No. _____ Date ___/___/___
T.V. No. _____	Date ___/___/___	Head of Account Code _____	

**A. Bill for drawing Concurrent Charges/Allowances etc**  
**(Other than which are drawn through regular monthly Pay & Allowances bill)**

Nature of claim [Children Education Allowance, Over-time Allowance, Conveyance Allowance, Robe Allowance etc.]/ Concurrent charges etc.	Authority for drawing charge (Viz. sanctioned under delegated power or sanctioned by the competent authority may be quoted with No. and Date)	Total Amount (Rs.)
Less: Total By-Transfer		
Total Net Amount		

Beneficiary Details		Sanction				Claim Details		
Unique ID	Name	No.	Date	Authority	Amount (Rs.)	Gross (Rs.)	Deduction (Rs.)	Net (Rs.)
Total								

**B. Encashment of leave during service**

Beneficiary Details		Period of leave		Total No. of days encashed	Sanction			Claim Details		
Unique ID	Name	From	To		Authority	Sanction Number	Sanction Date	Gross (Rs.)	Deduction (Rs.)	Net (Rs.)
Total										

**Certified that-**

1. Vouchers for all sums above Rs. 500/- in amounts are attached to this bill (wherever applicable). Vouchers amounting below Rs. 500/- have been kept in the office for record.
2. The amount claimed in this bill was not drawn before and both office copy and fair copy of the bill agree with each other.
3. Name of the claimant included in this bill is actually eligible to draw the claim as per rule and any overpayment shall be recovered from the Government employee.
4. The persons for whom overtime allowances are claimed in this bill have actually performed overtime duty and the amount claimed has been taken into consideration for calculating Income Tax liability. (Applicable for Over-Time Allowances bill only)
5. The period for which overtime allowance has been claimed has not taken account consideration for daily allowance. (Applicable for Over-Time Allowances bill only)
6. The particulars of the beneficiary in respect of this bill have been verified and entered correctly in the IFMS Beneficiary Master.

Allotment Received	Rs.
Progressive Expenditure including this Bill	Rs.
Balance Available	Rs.

Passed for payment Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only.

Please pay Rs. \_\_\_\_\_ Rupees (in words) \_\_\_\_\_ only as per beneficiary list.

AND/OR

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

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

Bill Clerk

Accountant

Signature of D.D.O with Designation

Station \_\_\_\_\_

Dated \_\_\_\_\_ 20\_\_\_\_

**For use at the Treasury**

Examined and entered

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

AND/OR

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

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

Accountant/J.A.O.

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

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

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

Objected Rs. \_\_\_\_\_ Reasons for objections.

Auditor

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