

Government of West Bengal
Finance Department
Audit Branch

No. 6229-F(Y)

Dated, 18th August, 2015

NOTIFICATION

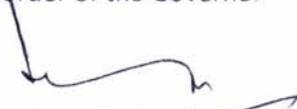
E-billing committee constituted by the state Government to examine and review the existing TR forms to make them amenable to digitization in order to facilitate their incorporation in e-pradan and e-billing modules of IFMS has recommended some changes in some of the forms and introduction of some new forms. The Government has decided to accept the recommendation.

Therefore, in exercise of the power conferred by clause (2) of Article 283 of Constitution of India, the Governor is pleased to replace the existing TR forms as mentioned under column B in the table below with the new TR forms mentioned under column C of the table for drawal of fund related to the expenditure mentioned under column D of the table. Form nos. 24, 50 and 12A are modified versions of the forms which were notified for e-pradan and e-billing modules of IFMS, vide notification no. 965-F(Y) dt.18.2.15 and have already been incorporated in the e-billing module of IFMS. Form 68B was last notified vide no. 2400-F(Y) dt.17.3.15. In most of the cases the format has been changed without changing TR form no. New forms have been given new TR form no. All these revised and new forms are given in the Annexure of this order.

NON-EMPLOYEE BILL FORMS				
Sl No.	T.R Form No. under WBTR, 2005	T.R Form No. as per e-Billing	Description	Remarks
A	B	C	D	E
EMPLOYEE BILL FORMS				
1	24	24	Medical charges Reimbursement Bill	Form modified
1	50	50	Bill for withdrawal of (a) Commuted Value of Pension, (b) Provisional Pension and/or Provisional Gratuity, (c) Final Payment of Gratuity, (d) Death Gratuity, (e) Final Payment of General Provident Fund, (f) Refundable Advance from General Provident Fund, (g) Non-Refundable Advance* from General Provident Fund, (h) Cash Equivalent to Leave Salary.	Form modified
2	68B	68B	Medical charges under Medical Cashless Scheme	Form modified
SCHEDULES RELATED TO DIFFERENT BILL FORMS				
1	-	7A	Challan for transfer credit	new
2	12A	12A	Schedule of Sales Tax deducted at source from claim of Beneficiary	Form modified

This order issues in continuation of FD notification no. 965-F(Y) dt.18.2.15 and no. 2400-F(Y) dt.17.3.15.

By order of the Governor


 (H.K. Dwivedi)
 Principal Secretary to the
 Government of West Bengal

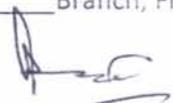
Copy forwarded for information and necessary action to:-

1. The Principal Accountant General (A&E), West Bengal, Treasury Buildings, 2, Govt. Place (West), Kolkata -700 001.
2. The Principal Accountant General (Audit), West Bengal, Treasury Buildings, 2, Govt. Place (West), Kolkata-700 001.
3. The Accountant General (Receipts, Works and Local Bodies Audit), West Bengal, C.G.O. Complex, 3rd MSO Building, 5th floor, Block-DF, Sector-I, Salt Lake, Kolkata-700064.
4. The Chief Secretary to the Government of West Bengal.
5. Resident Commissioner, Government of West Bengal, A/2, State Emporia Buildings, Baba Kharak Singh Marg, New Delhi-110001
6. The Additional Chief Secretary/Principal Secretary/Secretary ,
_____ Department.
7. The Commissioner, _____ Division.
8. The Special Secretary / Additional Secretary / Joint Secretary / Deputy Secretary, Finance Department.
9. Pr. AO & Ex-Officio Joint Secretary, Finance (Budget) Department- He is requested to upload this order in the Finance Department website.
10. The _____ Department,

11. The Director of Treasuries & Accounts, West Bengal, The New India Assurance Building, 4, Lyons Range, Kolkata – 700 001.
12. The Director, _____

13. The District Magistrate / District Judge / Superintendent of Police _____

14. The Sub-Divisional Officer, _____
15. The Pay & Accounts Officer, Kolkata Pay & Accounts Office – I, 81/2/2, Phears Lane, Kolkata – 700 012.
16. The Pay & Accounts Officer, Kolkata Pay & Accounts Office – II, P-1, Hyde Lane, Kolkata – 700 012.
17. The Pay & Accounts Officer, Kolkata Pay & Accounts Office – III, IB Market, 1st Floor, Salt Lake, Sector –III, Kolkata – 700 106.
18. The Treasury Officer, _____
19. The Group _____ / _____ Branch, Finance Department.


(G. Samenta)
CAO & EO Joint Secretary to the
Government of West Bengal.

T. R. FORM NO. 7 (A)

[See G.O. No.6229-F(Y) dated.18.8.15]

By-Transfer Challan Form

Challan for PF/ LF/ PL/ By-Transfer Credit

Name of the Treasury/ PAO :- _____

Treasury Code:-

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D.D.O. Designation:- _____

D.D.O. Code:-

--	--	--	--	--	--	--	--	--	--

Reference ID. :-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bill No. & Date:	Gross Amount (Rs.):	Net Amount (Rs.):
Total PF/ LF/ PL Amount in this Bill: Rs.	By-Transfer Credit Amount in this Bill: Rs.	

Head of Account Debited:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

By-Transfer Credit Rs. _____ Rupees (in words) _____ only as below:-

Head of Account Credited	Description	Amount (Rs.)

AND/OR

PF/LF/PL-Transfer Credit Rs. _____ Rupees (in words) _____ only as below:-

Head of Account Credited	Description	Amount (Rs.)

Operator Code	Operator Name	Scheme ID	Scheme Description

Bill Clerk _____ Accountant _____ Drawing & Disbursing Officer _____
Station _____
Date _____ 20__

For use at the Treasury

Accepted and amount transferred vide:

Token No. _____	Date: __/__/__
T.V. No.: _____	Date: __/__/__
Challan No. _____	Date: __/__/__

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 _____

T. R. Form No. 68(B)

(See G. O No. 2400-F(Y) Dt. 17/03/2015)

Medical charges Reimbursement Bill to Health Care Organisation (HCOs) for providing cashless medical treatment to beneficiaries under W. B. Health For All Employees and Pensioners Cashless Medical Treatment Scheme, 2014

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

Bill Details									
Sl No.	Sanction ID	Sanction No. & Date	Designation of the Sanctioning Authority	HCO Code	HCO Name with Address	No. of Beneficiaries attached with this Sanction ID	Gross Amount (Rs.)	Deduction (Rs.)	Net Amount (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Total Rs.									

Allotment Received: Rs. _____	1. Certified that Essentiality certificates, Bills & Receipts have been examined with reference to the claim submitted and found admissible. 2. Certified that no claim for the period mentioned in this bill has been preferred earlier. 3. Office copy agrees with the fair copy.
Progressive expenditure Including this bill : Rs. _____	
Balance available: Rs. _____	

Passed for payment of 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 _____

Date _____

For use at the Treasury

Examined and entered

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

AND

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

T. R. FORM NO. 50

[See WBSR Part-I Rule 168, sub rule (1) and (3) of T.R. 4.189, sub rule (2) of T.R. 4.190 and sub-rule (1) (a) of T. R. 6.41 and sub-rule (1) of T.R. 6.43]

Bill for withdrawal of (a) Cash Equivalent to Leave Salary, (b) Commuted Value of Pension, (c) Provisional Gratuity, (d) Final Payment of Gratuity, (e) Death Gratuity, (f) Final Payment of General Provident Fund, (g) Refundable Advance from General Provident Fund, (h) Non-Refundable Advance (including up to 90%) from General Provident Fund

Name of the Office: _____ D.D.O Code: _____
 Bill No: _____ Date: ____/____/____ Token No.: _____ Date: ____/____/____ T.V NO. _____ Date ____/____/____

Claim for:					Head of Account:			
Name & Designation of the Employee with Basic Pay	Employee ID	Date of Superannuation/ Death	General Provident Fund Account No.	Sanction ID	Sanction No. & Date	Designation of the Sanctioning Authority	Gross Amount (Rs.)	Net Amount (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Head of account from which the salary is drawn: _____

Certified that the amount claimed in this bill was not drawn before and the total of office copy agrees with fair copy of bill.

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

AND/OR

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

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

Bill Clerk
 Station _____
 Dated _____ 20

Accountant

Signature & Designation of the D.D.O

For use at the Treasury

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.)

Examined and entered.

Accountant/J.A.O

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

For use in the Principal Accountant General (A&E), West Bengal

- (1) Certified that the name, amount of withdrawal have been checked with reference to the bill as per M.S.O. (A&E).
- (2) Certified that the rate of pay as shown in column (1) has been verified with the amounts actually withdrawn in the bill.

Accountant

S.O./A.A.O

Date _____

T.R. FORM NO. 24

[See T.R. 4.107]

Medical Charges Reimbursement Bill

Name of the Office : _____	Bill No.: _____	Date: ___/___/___
DDO Code: _____	Token No.: _____	Date: ___/___/___
T.V. No.: _____	Date: ___/___/___	

Details of Sanction		
Sanction ID: _____		
Designation of the Sanctioning Authority: _____		
Sanction Order No.: _____	Date (dd/mm/yyyy): _____	Sanctioned Amount: Rs. _____
Head of Account: _____		

Details of Claim						
Sl No.	Employee Id No.	Name of the Employee with Designation	Gross Claim (Rs.)	Recovery of Advance* (Rs.)	Net Claim (Rs.)	Remarks
1	2	3	4	5	6	7
Total Rs.						

*Details of Recovery of Advance	
Advance amounting to Rs. _____ drawn vide T.V No. _____ Date ___/___/___ Token No. _____ Date ___/___/___ Bill No. _____ Date ___/___/___ against DDO Code _____	
Allotment Received Rs. _____	1. Certified that I have satisfied myself that the amount drawn previously, with the exception of those detailed below (of which the total amount has been refunded by deduction from this bill), have been disbursed to the Government employee therein named and their receipts taken in the office copies of the bill or in a separate acquaintance roll. 2. <i>Details of Medical charges Refunded</i> Section of establishment and name of incumbent with designation _____ Period _____ Amount (Rs.) _____ 3. Certified that Essentiality certificates, receipts etc. are appended.
Progressive expenditure including this bill Rs. _____	
Balance available Rs. _____	

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

Bill Clerk _____ Accountant _____ Signature of D.D.O with Designation _____
Station _____
Date _____ 20____

For use at the Treasury

Examined and entered.
Please pay Rs. _____ Rupees (in words) _____ only
as per beneficiary list.

Accountant/ J.A.O.

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

T.R. FORM NO. 12A

[See Sec. 40 AND 40A of WB VAT Act, 2003]

SCHEDULE OF SALES TAX DEDUCTED AT SOURCE/ TAX COLLECTED AT SOURCE FROM CLAIM OF BENEFICIARYFOR THE MONTH OF: _____
ENROLMENT NO. (STDS/TCS): _____

D.D.O. Code _____	Bill No. _____	Date ____/____/____
Token No. _____	Date ____/____/____	T.V. No. _____
		Date ____/____/____

Head of Account Code: 0040-00-111-001-35-STDS/TCS										
Sl. No.	TIN	Details of Beneficiary			% of Deduction	Bill No. of Beneficiary	Bill Date	Gross Claim (Rs.)	Amount Deducted (Rs.)	Remarks
		Name	Address	PAN						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Total Rs.										
Total Deduction Rs. (in words) _____										only

BILL CLERK / ACCOUNTANT

SIGNATURE OF D.D.O.