

T.R. FORM NO. 40

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

Administrator Code _____
Head of Account Code _____

Authority No. _____
Date _____ of Opening the Account

**Ledger 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	Cheque 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. / A.O. / A.P.	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)