

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 _____

Grant No. _____

Token/T.V. No. _____ Date _____

Head of Account Code _____

Sl. No.	Particulars	G.O. No. & Date	Amount

Please pay by transfer credit to _____
_____ (head of account)

Bill Clerk

Accountant

Signature of the D.D.O.
Designation _____

For use in the Treasury

Pay Rs. _____ (Rupees _____
_____) only by transfer credit to _____.

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