T.R. FORM NO. 5

[*See sub-rule(1) of* T.R. 3.13]

Accounts for Departmental Receipts of _____ (Name of the Department/Directorate/Office)
for the month of _____

D.D.O. Code _____

Date	Opening Balance	Add Amount Received during the month			Date	Less Payments/Expenditure made during the month			Closing Balance	Remarks Challan No. & date for deposit of excess receipts
		Head of Account	Nature of receipt	Amount		Head of Account	Nature of payment	Amount		
			Total :				Total :			

Cashier *Accountant* *Signature with designation of the D.D.O.*

Memo. No. _____ Dated _____

Forwarded to the Principal Accountant General (A&E), West Bengal, Treasury Buildings, Kolkata – 700 001 for information and necessary action.