ANDHRA PRADESH TREASURY CODE FORM No.40-A

(See instructions 4(i) to (iii) under Treasury rule 17.)

BILL FOR WITHDRAWAL FROM GENERAL AND OTHER PROVIDENT FUNDS (ANDHRA PRADESH) ANNEXURE

									Di	istrict:					
									Sub-Account			ucher NO	of	20.	
		State Provident Fund						Provident Fund							
															Branch.
	Bill for withdrawing Adv			<u>payment</u> ace withdraw	vals	fro	m the	Provident Fund of _			Sri the establishr				
	in the office	of					f	or the month	of						
	Serial Number	desigi	ne and	of F	Pay A	Fund Account	No. & date of Sanction Of letter	Final	ure of withd	rawal Others	Acquittance	Remarks			
_	1 (07220 07	Subs	scriber.		N	Number	authority	S	S				_		
-	1			Total									-		
		Deduction amounts shortdrawn in this bill										_			
		Net Amount													
articu	ılars of amour	nts refund	led: -												
	Serial Number		criber Accor	Fund Account Number	count Drawl		nount now	t		Rupees)		
										Signature of Designation	Drawing Office	er			
					Total					Signature					
ation	on:								Signature of Drawing Officer						
ate: _								Designation							
	nts received:			Please pay to				Signature							
ianat	ura of massan	aor.													

Certified that I have sa	tisfied myself that all	sums included in bills (I	Form No. 40	-A), drawn one	month / two mor	ths / three mon	ths previous to t	his date in favour of Messers.				
Account No	w	ith the exception of those	e detailed *	(of which the to	tal has been refur	ided by deduction	on in his bill hav	ve been disbursed to the proper persons) and that their				
acquittances have been	n taken and field in m	y office with receipt stan	np duly can	celled for every	payment in exces	s of Rs. 20						
				M 1'4								
	1 ' 1 C 1 .			My credit	C '41 1 1	.1 1	. 4 1.11					
2. Certified that the ba	lance in the fund at _	on the date of withdrawal covers the sum drawn in the bill.										
				The credit of t								
		withCo.										
3. Certified that the		have a	ready been assigned in favour of the Governor of Andhra Pradesh and forwarded to the Accountant.									
			The p	olicies detailed	below: -							
General, Andhi	ra Pradesh, for safe c	ustody / the details of the	e policy / po	licies proposed	to be taken up ha	ve been commu	inicated to and a	accepted by the Accountant General, Andhra Pradesh				
In his Letter No		dated										
						Tp 1. 6	Ta. 1	7				
	Serial Number	Name of subscriber With fund Account Number	No. of Policy	Name of Company	Amount of Premium	Due date of Premium	Stock Number					
	1							-				
	1.							1				
	2.											
	3.											
	4.											
	5.							•				
4. Certified that in resp	pect of withdrawals m	ade in bills (Form No. 4	O-A), one m									
Premia the original pre	emia receipt have be,	within one month of the	date of with		ded to the Accou	,	Andnra Pradesn. ny with the exce					
Relating to	Do	• 1	duced to me		va baan mada an	the measure to	the affact that n	a shatament of income toy is admissible				
Relating to	RS	and tha	i necessary (endorsements na	ve been made on	the receipts to	the effect that h	o abatement of income tax is admissible.				
							Signature Pay Pa					
							(Rupees):					
					Treasury		_					
Examined and entered		Account	ant		Account	Office	r					
			For u	se in Audit Offic	ee							
Item	of							Details of objection, if any				
Admitted	Rs.											
Objected	• • •											
Total	• • • •	 Auditor				Accountant						

Note: - The bills for withdrawal of advances/ final withdrawals should be supported by a duly certified coy of the sanction in proper forms/ the letter of authority issued by the Audit Officer. In the case of Non-Gazetted Government servants the copy should be attested by the head of the office.

In the case of bills for withdrawal payment of Insurance premia reference to the letter of authority issued by the Audit Officer permitting the withdraw should be quoted as also reference to the stolk number allotted to the policy assigned in favour of the Governor of Andhra Pradesh and sent to the Audit Office for safe custody.