

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**

District: _____

Sub-Account _____ Voucher NO. _____ of _____ 20.

State Provident Fund _____ Provident Fund _____

_____ Branch.

Bill for withdrawing Final payment from the _____ Provident Fund of Sri _____
Advance the establishment of _____
 Other withdrawals _____ for the month of _____
 in the office of _____

Serial Number	Name and designation of Subscriber.	Pay	Fund Account Number	No. & date of Sanction Of _____ letter authority	Nature of withdrawal			Acquittance	Remarks
					Final payments	Advances	Others		
Total									
Deduction amounts shortdrawn in this bill									
Net Amount									

Particulars of amounts refunded: -

Serial Number	Name of Subscriber & Designation	Fund Account Number	Date of Drawl	Particulars of amount Drawn	Amount now refund
Total					

Net amount required for payment (Rs. _____)

Rupees _____

Signature of Drawing Officer _____

Designation _____

Signature _____

Station: _____

Date: _____

Contents received: _____ Please pay to _____

Signature of messenger: _____

Signature of Drawing Officer _____

Designation _____

Signature _____

Certified that I have satisfied myself that all sums included in bills (Form No. 40-A), drawn one month / two months / three months previous to this date in favour of Messers. _____
 Account No. _____ with the exception of those detailed * (of which the total has been refunded by deduction in his bill have been disbursed to the proper persons) and that their
 acquittances have been taken and filed in my office with receipt stamp duly cancelled for every payment in excess of Rs. 20 _____

My credit

2. Certified that the balance in the fund at _____ on the date of withdrawal covers the sum drawn in the bill.

The credit of the subscriber

Policy No. _____ with _____ Co.

3. Certified that the _____ have already been assigned in favour of the Governor of Andhra Pradesh and forwarded to the Accountant.

The policies detailed below: -

General, Andhra Pradesh, for safe custody / the details of the policy / policies proposed to be taken up have been communicated to and accepted by the Accountant General, Andhra Pradesh
 In his Letter No. _____ dated _____

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.						
2.						
3.						
4.						
5.						

4. Certified that in respect of withdrawals made in bills (Form No. 40-A), one month / two months / three months previous of the date towards payment of the insurance forwarded to the Accountant-General, Andhra Pradesh.

Premia the original premia receipt have been, within one month of the date of withdrawal _____ for scrutiny with the exception of those duly produced to me.

Relating to _____ Rs. _____ and that necessary endorsements have been made on the receipts to the effect that no abatement of income tax is admissible.

Signature _____
 Pay Rs. _____
 (Rupees): _____

Treasury _____
 Accounts Officer

Examined and entered

Accountant

For use in Audit Office

Item _____ of _____
 Rs.

Details of objection, if any

Admitted ...
 Objected ...
 Total ...

Auditor.

Accountant

Note: - The bills for withdrawal of advances/ final withdrawals should be supported by a duly certified copy 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 withdrawal should be quoted as also reference to the stock number allotted to the policy assigned in favour of the Governor of Andhra Pradesh and sent to the Audit Office for safe custody.