# **Book of Forms**

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Forms

### **Purchase Order Form**

[On Government Letter Head]

| То:                                        |              | _               |              |                   |                              |
|--------------------------------------------|--------------|-----------------|--------------|-------------------|------------------------------|
| DDO Name:  DDO Reference  Division/Departs |              |                 | Purchase Ord | der No.:          | Pre-printed<br>Serial Number |
| Serial Number                              | Desc         | ription         | Quantity     | Price<br>per Unit | Amount<br>Rs                 |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              |                 |              | Total             |                              |
| Special Condition                          | ns:          |                 | _            | Total             |                              |
|                                            |              |                 | -            |                   |                              |
| Prepared by:                               |              | _ Signature:    |              | Date:             |                              |
| Approved by:                               |              | Signature:      |              | Date:             |                              |
| •                                          |              |                 |              |                   |                              |
|                                            |              |                 |              |                   |                              |
|                                            |              | Office Use Only |              |                   |                              |
|                                            | Account Code |                 |              |                   |                              |
|                                            |              |                 |              | l                 | <br>                         |

## **Budget Availability Review Clearance Form**

| Budget Head:                     | Budget Head Description: |       |
|----------------------------------|--------------------------|-------|
| Annual Budget Amount:            |                          |       |
| Revised Budget Amount:           |                          |       |
|                                  |                          |       |
|                                  |                          | Rs    |
| Budget balance before this claim |                          |       |
| Total amount of this claim       |                          |       |
| Budget balance after this claim  |                          |       |
|                                  |                          |       |
|                                  |                          |       |
| Prepared by:                     | Signature:               | Date: |
| Approved by:                     | Signature:               | Date: |

#### Claim Voucher Form

|                        |                     | Claim                     | , outil   | CI FUI    | 111      | <u>D</u>    | AO/AG Us | e Only   |
|------------------------|---------------------|---------------------------|-----------|-----------|----------|-------------|----------|----------|
|                        |                     |                           |           |           |          | Claim Vou   | icher No |          |
|                        |                     |                           |           |           |          | Ciaiiii VOL |          |          |
| Claim Voucher No       | o.:                 | Pre-printed Serial Number | ]         |           | DDO N    | ame:        | [        |          |
| Dunchasa Ondan N       | Purchase Order No.: |                           | 1         |           | DDO B    | eference    | No.      |          |
| rurchase Order N       | NO.:                |                           |           |           |          |             |          |          |
| Date:                  |                     |                           | ]         |           | Division | n/Departi   | ment:    |          |
|                        |                     |                           |           |           |          |             |          |          |
| Serial                 | Ι,                  |                           | Claimed   | A 0       | count C  | lada        |          | Amount   |
| Number                 | ,                   | Description               | Entity    | Object    | Fund     | Function    | Project  | Rs       |
| Tuniber                |                     |                           | Zilliti   | o ajece   | 7 0.20   | Tunction    | Troject  | 14.5     |
|                        |                     |                           |           |           |          |             |          |          |
|                        |                     |                           |           |           |          |             |          |          |
|                        |                     |                           |           |           |          |             |          |          |
|                        |                     |                           |           |           |          |             |          |          |
|                        |                     |                           |           |           |          |             |          |          |
|                        |                     |                           |           |           |          |             |          |          |
|                        | Daduations (t       | please specify)           |           |           |          |             |          |          |
|                        | Deductions ()       | blease specify)           |           |           |          |             |          |          |
|                        |                     |                           |           |           | I        |             | Total    |          |
|                        |                     |                           |           |           |          |             |          |          |
| Prepared by:           |                     | Sig                       | gnature:  |           |          | _           | Date:    |          |
| Approved by:           |                     | Sig                       | gnature:  |           |          |             | Date:    |          |
|                        |                     | -                         | Official  |           |          |             |          | _        |
|                        |                     |                           | Stamp:    |           |          |             |          |          |
|                        |                     |                           |           |           |          |             |          |          |
|                        |                     |                           | TI O      |           |          |             |          | <u>-</u> |
|                        |                     | DAO/AG                    | Use On    | <u> Y</u> |          |             |          | į        |
| Certified by:          |                     | Signature:                |           |           | •        | Date:       | -        |          |
| Authorised by:         |                     | Signature:                |           |           |          | Date:       |          |          |
|                        |                     |                           |           |           |          |             |          |          |
| Date Cheque<br>Issued: |                     | Chage- New-1              |           |           |          | Cha         | A ovt    | İ        |
|                        |                     | Cheque Number:            |           |           | <u>-</u> |             | ·-       |          |
| Cheque Issued by:      |                     | Signature:                |           |           | <u>-</u> | Date:       |          |          |
| Date Entered into      |                     |                           |           |           |          |             |          | į        |
|                        |                     | Entered by:               |           |           |          | Date:       |          |          |
|                        |                     |                           |           |           |          |             |          |          |
|                        |                     |                           |           |           |          |             |          |          |
|                        |                     | Acknowledgr               | nent / Re | ceipt     |          |             |          |          |
| Claim Voucher No       | :                   |                           |           |           |          |             |          |          |
| Received by:           |                     | Signature:                |           |           |          | Date:       |          |          |

### **Commitment Advice Form**

| DDO:                                            | Date:                      |       |
|-------------------------------------------------|----------------------------|-------|
| DDO Reference No.:                              |                            |       |
| Division/Department:                            |                            |       |
| Purchase Order/<br>Contract Number              | Date of Purchase<br>Order: |       |
| <b>Committed Amount:</b>                        | Rs:                        |       |
|                                                 | Rupees (in words):         |       |
| Account Code:  Entity                           |                            |       |
| Object                                          |                            |       |
| Fund                                            |                            |       |
| Function                                        |                            |       |
| Project                                         |                            |       |
| Supplier/Contractor Details: (Name & Address)   |                            |       |
| Details of Goods /<br>Service under Commitment: |                            |       |
| <b>Schedule of Payment:</b>                     |                            |       |
| Prepared by:                                    | Signature:                 | Date: |
| Approved by:                                    | Signature:                 | Date: |
|                                                 | Embossing Seal:            |       |
|                                                 | DAO/AG Use Only            |       |
| Certified by:                                   | Signature:                 | Date: |
| Authorised by:                                  | Signature:                 | Date: |

#### **Budget Head Register**

| DAO:   | DDO:                 | Attached Department: |
|--------|----------------------|----------------------|
| Month: | Division/Department: | Major Object:        |

|      |             |             |                                       | Appropriation Control Accounts - Minor Object Head Balances |  |  |  | Major ( | Major Object Head Balances<br>(Rs) |  |                                  |                       |                            |               |
|------|-------------|-------------|---------------------------------------|-------------------------------------------------------------|--|--|--|---------|------------------------------------|--|----------------------------------|-----------------------|----------------------------|---------------|
| Date | Transaction | Description | Source Ref Transaction<br>Amount (Rs) |                                                             |  |  |  |         |                                    |  | Appropriation Control<br>Balance | Commitment<br>Balance | Funds Available<br>Balance | Entered<br>By |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            | <b></b>       |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            | 1             |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       | <del>                                     </del>            |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            | 1             |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            | 1             |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       | <del>                                     </del>            |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       | 1                          |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
|      |             |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            |               |
| 1    | BALANCE C/F |             |                                       |                                                             |  |  |  |         |                                    |  |                                  |                       |                            | İ             |

#### Sub-ledger - Payments

| Date:                           |           |                 |          |                            | Consolidated Fund |                                 | Bank Account: |       |                                       | DAO:        |                    |
|---------------------------------|-----------|-----------------|----------|----------------------------|-------------------|---------------------------------|---------------|-------|---------------------------------------|-------------|--------------------|
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           | Account Code    |          |                            |                   | T T                             | Particulars   |       | l                                     |             |                    |
| Entity<br>(Div/Att<br>Dept/DDO) | Object    | Fund<br>(Grant) | Function | Project (where applicable) | Amount (Rs)       | Payment Reference<br>(cheque #) | Description   | Payee | Source Reference<br>(claim voucher #) | Entered by: | Journal<br>Voucher |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          | Total Payments             | 0                 |                                 |               |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |
| Verified by:                    |           |                 |          | -                          | Signature:        |                                 | Date:         |       |                                       |             |                    |
| Posted to General L             | edger by: |                 |          | <b>-</b> /                 | Signature:        |                                 | Date:         |       |                                       |             |                    |
|                                 |           |                 |          |                            |                   |                                 |               |       |                                       |             |                    |

# **Journal Entry Voucher**

| Date:             |                | DAO:                          | Vou        | cher No: |    |
|-------------------|----------------|-------------------------------|------------|----------|----|
| Accour            | nt Code        | Description                   | 1          | Dr       | Cr |
| Entity (Division) | Object (Major) |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
|                   | FA 101         | Federal Consolidated Fund - N | Ion Food   |          |    |
|                   | FA 101         | Provincial Consolidated Fund  | - Non Food |          |    |
|                   |                |                               | Total      | 0        | 0  |
|                   |                |                               |            |          |    |
|                   |                |                               |            |          |    |
| Prepared by:      |                | Signature:                    |            | Date:    |    |
| Verified by:      |                | Signature:                    |            | Date:    |    |

# **Journal Entry Voucher**

| Date: 7/10/9/            |                | DAU: LH                              | voucner No: | J202   |
|--------------------------|----------------|--------------------------------------|-------------|--------|
| Accoun                   | nt Code        | Description                          | Dr          | Cr     |
| <b>Entity (Division)</b> | Object (Major) |                                      |             |        |
|                          |                |                                      |             |        |
| F                        | BA 1           | Income tax                           |             | 5,200  |
| F                        | BB 1           | Sea customs tax                      |             | 3,500  |
| F                        | BB 4           | Sales tax                            |             | 1,500  |
| F                        | CA 2           | Non tax income from state trading    |             | 6,650  |
| A7                       | CB 5           | Income from social services          |             | 10,500 |
| B5                       | CB 5           | Income from social services          |             | 2,450  |
| _                        | BB 8           | Provincial motor vehicle tax         |             | 1,250  |
| -                        | BB 7           | Provincial excise tax                |             | 4,100  |
|                          |                |                                      |             |        |
|                          |                |                                      |             |        |
|                          |                |                                      |             |        |
| P                        | FA 101         | Punjab Consolidated Fund - Non Food  | 18,300      |        |
| F                        | FA 101         | Federal Consolidated Fund - Non Food | 16,850      |        |
|                          |                | Total                                | 35,150      | 35,150 |
|                          |                |                                      |             |        |
| Prepared by:             |                | Signature:                           | Date:       |        |
| Verified by:             |                | Signature:                           | Date:       |        |

# **General Ledger - Cash Account**

| Ban          | k Account: | Consolidated Fund - FA 101 | ]  |       |                    |
|--------------|------------|----------------------------|----|-------|--------------------|
|              |            |                            |    |       |                    |
| Month:       |            |                            |    | DAO:  |                    |
| _            | Journal    |                            | _  |       | <b>Entered By:</b> |
| Date         | Voucher #  | Description                | Dr | Cr    | (Initials)         |
|              |            | Opening Balance            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
|              |            | Closing Balance            |    |       |                    |
|              |            | Total                      | 0  | 0     |                    |
|              |            |                            |    |       |                    |
|              |            |                            |    |       |                    |
| Verified by: |            | Signature:                 |    | Date: |                    |

# **General Ledger - Payments**

| DAO:         |             | Month:                 |                         |           |               |   | Division/Department: |         |          |       |   |   |             |
|--------------|-------------|------------------------|-------------------------|-----------|---------------|---|----------------------|---------|----------|-------|---|---|-------------|
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             | <b>Posting Journal</b> | ting Journal Total Acco |           |               |   |                      | ode (Ma | jor Obje | ct)   |   |   | Entered by: |
| Date         | Description | Voucher #              | Amount                  |           |               |   |                      |         |          |       |   |   | (Initials)  |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             |                        |                         |           |               |   |                      |         |          |       |   |   |             |
|              |             | Total                  | 0                       | 0         | 0             | 0 | 0                    | 0       | 0        | 0     | 0 | 0 |             |
|              |             |                        |                         | •         | <del></del> - | • |                      | 8       |          | 8     | = |   | 1           |
| Verified by: |             |                        | Si                      | ignature: |               |   |                      |         |          | Date: |   |   |             |

## Abstract

The current Abstract forms, shall be used for this purpose.

### Claims Register - Part I

| DAO: |  |
|------|--|

|                                            | Entry of Claim Voucher |                  |                     |                         |                | Claim Forwa                | rded to CO     | Claim R                   | eturned        |                        | 1                | Entry of Che              | que                                  |                |
|--------------------------------------------|------------------------|------------------|---------------------|-------------------------|----------------|----------------------------|----------------|---------------------------|----------------|------------------------|------------------|---------------------------|--------------------------------------|----------------|
| Serial No.<br>(DAO's Claim<br>Voucher No.) | Date<br>Received       | DDO<br>Reference | DDO Claim<br>Number | Claim<br>Amount<br>(Rs) | Entered<br>By: | Date<br>Forwarded<br>To CO | Entered<br>By: | Date<br>Claim<br>Returned | Entered<br>By: | Date<br>Cheque<br>Sent | Cheque<br>Number | Payment<br>Amount<br>(Rs) | Mode of<br>Distribution<br>of Cheque | Entered<br>By: |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
|                                            |                        |                  |                     |                         |                |                            |                |                           |                |                        |                  |                           |                                      |                |
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## Claims Register - Part II

| DAO: | DDO: |  |
|------|------|--|
|      | •    |  |

|                  | Entry               | y of Purchase        | Order                           |                | Entry of Claim Voucher             |                                   |                  |                         |                |  |  |
|------------------|---------------------|----------------------|---------------------------------|----------------|------------------------------------|-----------------------------------|------------------|-------------------------|----------------|--|--|
| PO<br>Serial No. | Date PO<br>Received | PO<br>Amount<br>(Rs) | PO Matched<br>to CV<br>(Yes/No) | Entered<br>By: | DDO Claim<br>Voucher<br>Serial No. | Date Claim<br>Voucher<br>Received | PO<br>Serial No. | Claim<br>Amount<br>(Rs) | Entered<br>By: |  |  |
|                  |                     |                      |                                 |                |                                    |                                   |                  |                         |                |  |  |
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# **Certification and Authorisation Register**

| DAO: | Certifying Officer: |  |
|------|---------------------|--|
|      |                     |  |

|                  | Entries by Certifying Officer |                           |                                    |                   |                  |                            |                           | Entries by Authorising Officer              |                                                                |                |                                       |                            |                                                     |  |
|------------------|-------------------------------|---------------------------|------------------------------------|-------------------|------------------|----------------------------|---------------------------|---------------------------------------------|----------------------------------------------------------------|----------------|---------------------------------------|----------------------------|-----------------------------------------------------|--|
| Serial<br>Number | Claim<br>Voucher<br>Number    | Date<br>Received<br>By CO | Claim<br>Voucher<br>Amount<br>(Rs) | Date<br>Certified | Date<br>Rejected | Reason<br>For<br>Rejection | Date<br>Received<br>By AO | Amount<br>Authorised<br>for Payment<br>(Rs) | Date Authorised<br>and Entered into<br>Budget Head<br>Register | Entered<br>By: | Date<br>Rejected<br>and Sent<br>to CO | Reason<br>For<br>Rejection | Date Same<br>Claim Voucher<br>Re-submitted<br>By CO |  |
|                  |                               |                           |                                    |                   |                  |                            |                           |                                             |                                                                |                |                                       |                            |                                                     |  |
|                  |                               |                           |                                    |                   |                  |                            |                           |                                             |                                                                |                |                                       |                            |                                                     |  |
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# **Cheque Register**

| DAO: |                  |                      |            |               | Month:                          |         |               |  |
|------|------------------|----------------------|------------|---------------|---------------------------------|---------|---------------|--|
|      |                  | <b>Detail of Che</b> | que Issued |               | Detail on Return of Cheque      |         |               |  |
| Date | Cheque<br>Number | Amount<br>Rs         | Payee      | Entered<br>by | Date Cheque<br>Cleared/Rejected | Remarks | Entered<br>by |  |
|      |                  |                      |            |               |                                 |         |               |  |
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| Date                                  | Number | Rs | Payee | by                                    | Cleared/Rejected | Remarks | by                                    |
|---------------------------------------|--------|----|-------|---------------------------------------|------------------|---------|---------------------------------------|
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Total

| Verified by: | Signature: | Date: |
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|              |            |       |

# **Imprest Account Claim**

The Claim Voucher Form (4 B) shall be used to claim amount in relation to a particular imprest account.

Each category (type) of petty cash expenditure shall be shown separately on Form 4 B.

# **Bank Advice Note**

| DAO:                   |                       |                    | Date:         |               |              |
|------------------------|-----------------------|--------------------|---------------|---------------|--------------|
| Please tick the appi   | ropriate box:         |                    |               |               |              |
| Daily Advice N         | ote                   |                    |               |               |              |
| Payroll Advice         |                       |                    |               |               |              |
| Pension Advice         |                       |                    |               |               |              |
|                        |                       |                    |               |               |              |
| Serial No.             | Cheque<br>Issued Date | Identity Card No.* | Name of Payee | Cheque<br>No. | Amount<br>Rs |
|                        |                       |                    |               |               |              |
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|                        |                       |                    |               |               |              |
| *(For Salary personnel | only)                 |                    |               | Daily Total   |              |
|                        |                       |                    |               | •             |              |
| Prepared by:           |                       | _                  | Date:         |               |              |
| Verified by:           |                       | _                  | Date:         |               |              |
| Sent to Bank by:       |                       |                    | Date:         |               |              |

### **Direct Credit Advice**

| DAO:          |                   |                                    | ]                |                  | Date:                  |                                |                            |
|---------------|-------------------|------------------------------------|------------------|------------------|------------------------|--------------------------------|----------------------------|
| Plages tick t | he appropriate l  | 2011                               |                  |                  |                        |                                |                            |
|               |                   | ox.                                |                  | 1                |                        |                                |                            |
|               | redit Advice      |                                    |                  |                  |                        |                                |                            |
|               | redit Advice      |                                    |                  | ]                |                        |                                |                            |
| GP Fund       | Credit Advic      | e                                  |                  | ]                |                        |                                |                            |
|               |                   |                                    |                  |                  |                        |                                |                            |
| Serial<br>No. | Date of<br>Credit | Employee's<br>Identity Card<br>No. | Name<br>of Payee | Bank<br>Drawn on | Bank Br. &<br>Br. Code | Bank Account<br>to be credited | Amount<br>Credited<br>(Rs) |
|               |                   |                                    |                  |                  |                        |                                |                            |
|               |                   |                                    |                  |                  |                        |                                |                            |
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|               |                   |                                    |                  |                  |                        | Daily Total                    |                            |
|               |                   |                                    |                  |                  |                        |                                |                            |
| Prepared      | by:               |                                    | _                | Date:            |                        | -                              |                            |
| Verified b    | y:                |                                    | _                | Date:            |                        |                                |                            |
| Sent to Ba    | nk bv:            |                                    |                  | Date:            |                        |                                |                            |

# **Pension Application Form**

The current Pension Application Form, C.S.R. - 25, shall be used for pension application.

# **GP FUND**

### Application for Withdrawal of Advance/Final Payment

| Name:                                                           |                        |
|-----------------------------------------------------------------|------------------------|
| Identity Card No. (As in Computer Pay Slip):                    |                        |
| GP Fund Account Number:                                         |                        |
| Date of Birth & Joining of Service:                             |                        |
| GP Fund Balance: (as verified from AG/AGPR/DAO)                 |                        |
| Advance:                                                        |                        |
| (a) Recoverable                                                 |                        |
| (b) Non recoverable                                             |                        |
| Final Payment:                                                  |                        |
| Advance Last Drawn:                                             |                        |
| <b>Amount of Previous Advance Outstanding:</b>                  |                        |
| Amount Applied For:                                             |                        |
| Reason for Drawing Advance: (in case of non refundable advance) |                        |
| New Rate of Monthly Deduction:<br>(principal + interest)        |                        |
|                                                                 | Signature of Applicant |
|                                                                 | Date:                  |
| DAO/AG Use Onl                                                  | <u>v</u>               |
| Application Reference:                                          |                        |
| Verified by:                                                    | Date:                  |
| Authorised by:                                                  | Date:                  |

# **GP Fund Application Register**

| DAO: | GP Fund Officer: |  |
|------|------------------|--|
|      |                  |  |

| Entries by GP Fund Officer |                     |                                |        |                                            |                   | Entries by Authorising Officer |                            |                           |                                             |                                                       |                |                                               |                            |                                                           |
|----------------------------|---------------------|--------------------------------|--------|--------------------------------------------|-------------------|--------------------------------|----------------------------|---------------------------|---------------------------------------------|-------------------------------------------------------|----------------|-----------------------------------------------|----------------------------|-----------------------------------------------------------|
| Serial<br>Number           | Application<br>Date | Date<br>Received<br>By Officer | Amount | Application<br>Type<br>(Advance/<br>Final) | Date<br>Certified | Date<br>Rejected               | Reason<br>For<br>Rejection | Date<br>Received<br>By AO | Amount<br>Authorised<br>for Payment<br>(Rs) | Date Authorised<br>and Entered into<br>GP Fund Ledger | Entered<br>By: | Date<br>Rejected<br>and Sent to<br>GP Officer | Reason<br>For<br>Rejection | Date Same<br>Application<br>Re-submitted<br>by GP Officer |
|                            |                     |                                |        |                                            |                   |                                |                            |                           |                                             |                                                       |                |                                               |                            |                                                           |
|                            |                     |                                |        |                                            |                   |                                |                            |                           |                                             |                                                       |                |                                               |                            |                                                           |
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# **Contractor/Supplier Bill**

The following current forms shall be used for contractor/supplier bills.

Running Account Bill C - C.P.W.A. - 27

First and Final Bill - C.P.W.A. - 24

### Loans/Advances

#### Application for Withdrawal of Advance

| Housing:  Motor Cycle:  Bicycle:                                                          |  |
|-------------------------------------------------------------------------------------------|--|
|                                                                                           |  |
| Bicycle:                                                                                  |  |
|                                                                                           |  |
|                                                                                           |  |
| Name:                                                                                     |  |
| Designation:                                                                              |  |
| Basic Pay Scale & Current Pay:                                                            |  |
| Identity Card Number: (as in computer pay slip)                                           |  |
| Date of Birth & Joining of Service:                                                       |  |
| Length of Service:                                                                        |  |
| Principal Amount Applied For:                                                             |  |
| Any Previous Advance Taken:                                                               |  |
| Balance Amount Outstanding, if Any:                                                       |  |
| Adjustment of Previous Advance: (principal + interest)                                    |  |
| Amount Payable for applied advance: (After adjusting balance of previous advance, if any) |  |
| Rate of monthly deduction: (principal + interest)                                         |  |
|                                                                                           |  |
| Signature of Applicant                                                                    |  |
|                                                                                           |  |
| Date:                                                                                     |  |
| Surety:                                                                                   |  |
| Name: Name:                                                                               |  |
| Signature: Signature:                                                                     |  |
| Designation & Designation & Office: Office:                                               |  |
|                                                                                           |  |
| DAO/AG Use Only                                                                           |  |
|                                                                                           |  |
| Verified by: Date:                                                                        |  |

# <mark>Mortgage Deed</mark>

| THIS INDENTURE made the day of One / Two thousand nine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| of (hereinafter referred to as the mortgagor which term shall where the context so admits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| include his/her heirs, executors, administrators and assigns) of the one part and the PRESIDENT OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PAKISTAN (hereinafter referred to as the mortgagee which term shall where the context so admits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| include his successor and assigns) of the other part.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| WHEREAS the mortgagor is absolutely seized and possessed of to otherwise well entitled to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| the land hereditaments and premises/Motor Car/Motor Cycle hereinafter described and expressed to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| be hereby conveyed transferred and assured (hereinafter referred to as the said heriditament).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| AND WHEREAS the mortgagor has applied to the mortgagee for an advance of the sum of Rs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| defray the expenses of building a house on the said hereditaments as suitable residence / purchase a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Motor Car / Motor Cycle for his/her own use.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| AND WHEREAS under the provisions contained in <i>para</i> 4.10.5.4. / 4.10.6.5 of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Accounting Policies and Procedures Manual (hereinafter referred to as the said Rules which expression                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| shall where the context so admits include any amendment thereof or addition thereto for the time being                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| in force) the mortgagee has agreed to advance to the mortgagor the sum of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Rs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| execution of these presents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NOW THIS INDENTURE WITNESSETH that in pursuance of the said agreement and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| consideration of the sum of Rs paid on or before the execution of these presents to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| mortgagor by the mortgagee (the receipt whereof the mortgagor doth hereby acknowledge) for the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| purpose of enabling the mortgagor to defray the hereinbefore recited expenses, the mortgagor hereby                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| covenants with the mortgagee to repay to the mortgagee the said sum of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Rs [and such further sums as shall hereafter be paid by him to the mortgagor pursuant to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| the hereinbefore recited agreement in that behalf] and interest thereon calculated according to the Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| on the day of next and if the loan shall not be repaid on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| that date will pay interest in accordance with the said Rules. AND THIS INDENTURE ALSO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| WITNESSETH that for the consideration aforesaid the mortgagor doth hereby convey transfer and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| assurance into the mortgage, the Description of Motor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Vehicle Manufacturer's Name Description No. of Cylinders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Engine Number Chassis Number Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

The mortgagor hereby covenants with the mortgagee that he/she the mortgagor will during the continuance of this security observe and perform all the provisions and conditions of the said Rules on his/her part to be observed and performed in respect of these presents and the said hereditaments.

IN WITNESS where of the mortgagor, hath hereunto set his/her hand the day and year first above written.

Signed by the said (Mortgagor) in the presence of

1<sup>st</sup>. Witness
Address:
Address:
Address:

(The deed should be registered)

4 S

### **SURETY BOND**

|    | Known all men by the         | hose presents that we (1) Mr./Ms                        |                          |
|----|------------------------------|---------------------------------------------------------|--------------------------|
| Sc | on / Daughter of             | resident of                                             |                          |
| at | present employed as          | and (2) Mr./Ms                                          |                          |
| Sc | on / Daughter of             | resident of                                             |                          |
|    |                              | ies") are firmly bound unto the President of Pakista    |                          |
|    |                              | shall include his successors in office and assigns) ir  |                          |
|    | (Rupees                      | ) together with interest thereo                         | on for such payment to   |
| be | well and truly made, we have | ereby jointly and severally bind ourselves, our heir    | rs, executors,           |
| ad | ministrators and representa  | atives by these present s sealed with our seals this    | day of                   |
|    | 19 /200                      |                                                         |                          |
|    |                              |                                                         |                          |
| 2. |                              | son/daughter of                                         |                          |
|    |                              | in the                                                  |                          |
|    |                              | orrower") has been granted by the President a Loa       |                          |
|    | ` •                          | ) for building / purchasing a house; purchasing         | •                        |
|    | <del>-</del>                 | use and that the said borrower has undertaken to re     | - ·                      |
|    |                              | of Rseach with interest at the rate from tin            | me to time fixed for the |
|    | purpose by the President.    |                                                         |                          |
| 2  | NOW the condition of this    | s obligation is such that if the said borrower shall, v | while ampleyed in the    |
| Э. |                              | s obligation is such that if the said borrower shall, v | 1 •                      |
|    |                              | ne aforesaid loan by installments, with interest on the |                          |
|    |                              | remain owing on the first day of each calendar more     |                          |
|    |                              | of 19/200 until the said                                |                          |
|    | •                            | gether with interest thereon shall be fully paid or un  |                          |
|    | _                            | ycle/ Bicycle purchased; with the said amount has       |                          |
|    | ±                            | ver has been confirmed in his service, then this bon    | 0 0                      |
|    |                              | be and remain in force. But if the Borrower shall di    |                          |
|    |                              | in service of the President, the whole or so much of    |                          |
|    | •                            | as shall then remain unpaid, together with interest     | * *                      |
|    |                              | I immediately become due and payable to the Pres        |                          |
|    |                              | ties in one installment or as may be directed by the    | <u> </u>                 |
|    | this bond.                   | are in one insumment of as may be affected by the       | of the of                |

**Signed by Sureties:** 

| Witness | (1) Signature |  |
|---------|---------------|--|
| Place   | Place         |  |
|         | (2) Signature |  |
|         | Place         |  |

# **Establishment Register**

| AG/DAO: |  |
|---------|--|
| AU/DAU. |  |

| Posts | Sanctioned | Posted   | Permanent | Temporary | Shor      | tage      | Post   | Post |
|-------|------------|----------|-----------|-----------|-----------|-----------|--------|------|
|       | Strength   | Strength |           |           | Permanent | Temporary | Vacant |      |
|       |            |          |           |           |           |           |        |      |
| BS 22 |            |          |           |           |           |           |        |      |
| BS 21 |            |          |           |           |           |           |        |      |
| BS 20 |            |          |           |           |           |           |        |      |
| BS 19 |            |          |           |           |           |           |        |      |
| BS 18 |            |          |           |           |           |           |        |      |
| BS 17 |            |          |           |           |           |           |        |      |
| BS 16 |            |          |           |           |           |           |        |      |
| BS 15 |            |          |           |           |           |           |        |      |
| BS 14 |            |          |           |           |           |           |        |      |
| BS 13 |            |          |           |           |           |           |        |      |
| BS 12 |            |          |           |           |           |           |        |      |
| BS 11 |            |          |           |           |           |           |        |      |
| BS 10 |            |          |           |           |           |           |        |      |
| BS 9  |            |          |           |           |           |           |        |      |
| BS 8  |            |          |           |           |           |           |        |      |
| BS 7  |            |          |           |           |           |           |        |      |
| BS 6  |            |          |           |           |           |           |        |      |
| BS 5  |            |          |           |           |           |           |        |      |
| BS 4  |            |          |           |           |           |           |        |      |
| BS 3  |            |          |           |           |           |           |        |      |
| BS 2  |            |          |           |           |           |           |        |      |
| BS 1  |            |          |           |           |           |           |        |      |
|       |            |          |           |           |           |           |        |      |

| Prepared by: | Signature: | Date: |
|--------------|------------|-------|
| Verified by: | Signature: | Date  |

# **Payroll Register**

| AG/AGPR:               |              |                 |               |                      |                         |                  |           |  |  |
|------------------------|--------------|-----------------|---------------|----------------------|-------------------------|------------------|-----------|--|--|
| Office Identity Card#: | Iden         | tity Card #:    |               | Nationa              | nl Tax #:               |                  |           |  |  |
| Name :                 |              |                 |               | Father's / Hu        | sband Name :            |                  |           |  |  |
|                        | Y            |                 |               |                      | s: (S/M/D/              | ′ <b>W</b> )     |           |  |  |
| Permanent Address:     |              |                 |               | Phone #:             |                         |                  |           |  |  |
| Temporary Address:     |              |                 |               | Phone #:             |                         |                  |           |  |  |
| Date of Appointment :  | Appointed in | BS:             | Date of Confi | rmation :            |                         |                  |           |  |  |
| Date of Moveover :     |              |                 |               |                      |                         |                  |           |  |  |
| Current Office :       |              |                 |               |                      |                         |                  |           |  |  |
| Current Title :        |              |                 |               |                      |                         |                  |           |  |  |
| Post/s Held Since App  | pointed :    | Basic Scale :   |               | Date/s of A          | Date/s of Appointment : |                  | Location: |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
| Current Basic Salary   | Current A    | Allowances Othe |               | er Pay Cu            |                         | rrent Deductions |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
| Bank:                  | Bank Accoun  | nt #:           |               | Bank Br. & Br. Code: |                         |                  |           |  |  |
| History of Leave :     |              |                 |               |                      |                         |                  |           |  |  |
| Title of Leave         | Days         | Date            | Days          | Date                 | Days                    | Date             | Date      |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        | <u> </u>     |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              |                 |               |                      |                         |                  |           |  |  |
|                        |              | ll.             | ll .          |                      | 1                       |                  | 11        |  |  |

# **Pension Register**

| AG/AGPR:                                                 |                                         |  |  |  |  |  |
|----------------------------------------------------------|-----------------------------------------|--|--|--|--|--|
|                                                          |                                         |  |  |  |  |  |
| Pension Payment Order (PPO) #                            | National Identity Card # XXX-XXX-XXXXXX |  |  |  |  |  |
| Name :                                                   | Father's / Husband Name :               |  |  |  |  |  |
| Date of Birth: D M Y                                     | Marital Status: (S / M / D /W)          |  |  |  |  |  |
| Permanent Address :                                      | Phone #:                                |  |  |  |  |  |
| Temporary Address :                                      | Phone #:                                |  |  |  |  |  |
| Date of Retirement :                                     | Designation & BS on Retirement:         |  |  |  |  |  |
| Length of Qualifying Service :                           | Class of Pension :                      |  |  |  |  |  |
| Monthly Average Emoluments Rs.                           | Gross Pension Rs :                      |  |  |  |  |  |
| 1/4th Surrendered Portion Rs :                           | Gratuity of Rs :                        |  |  |  |  |  |
| Commuted Portion Rs :                                    | Amount of Net Pension Payable :         |  |  |  |  |  |
| Any Other Increase :                                     |                                         |  |  |  |  |  |
|                                                          |                                         |  |  |  |  |  |
|                                                          |                                         |  |  |  |  |  |
| Name of Bank :                                           | Branch & Branch Code :                  |  |  |  |  |  |
| Account Number :                                         |                                         |  |  |  |  |  |
| File No. & Date of Sanction of Pension, Gratuity & Commu | tation :                                |  |  |  |  |  |

# **GP Fund Register**

| DAO:                                     |         |               |               |                         |                     |          |            |            |
|------------------------------------------|---------|---------------|---------------|-------------------------|---------------------|----------|------------|------------|
| Name:                                    |         |               |               | GP Fund Account Number: |                     |          |            |            |
| Identity Card No: (As in Computer slip)  |         |               |               | Basic Scale:            | RS                  | BS       | BS         | BS         |
|                                          |         |               |               | Dasic Scare.            | <b>D</b> B          | Do       | <b>D</b> 5 | <b>D</b> B |
| Date of Birth &                          |         |               |               | <b>D</b> (              |                     |          |            |            |
| Joining of Service:                      |         |               |               | Date:                   |                     |          |            |            |
|                                          | Opening | Monthly       | Refund of     | Interest on             |                     | Monthly  |            | Non        |
| Months                                   | Balance | Subscription  | Withdrawals   | Withdrawal              | Withdrawals         | Balance  | Total      | Refundable |
| Turley                                   |         | 1             |               |                         | <u> </u>            | Ī        |            |            |
| July August September October November   |         |               |               |                         |                     |          |            |            |
| Cantambar                                |         |               |               |                         |                     |          |            |            |
| O-t-1                                    |         |               |               |                         |                     |          |            |            |
| October<br>Name 1 a m                    |         |               |               |                         |                     |          |            |            |
| November                                 |         |               |               |                         |                     |          |            |            |
| December<br>January<br>February<br>March |         |               |               |                         |                     |          |            |            |
| January                                  |         |               |               |                         |                     |          |            |            |
| February                                 |         |               |               |                         |                     |          |            |            |
| March                                    |         |               |               |                         |                     |          |            |            |
| April                                    |         |               |               |                         |                     |          |            |            |
| May                                      |         |               |               |                         |                     |          |            |            |
| May<br>June                              |         |               |               |                         |                     |          |            |            |
|                                          |         |               |               |                         |                     |          |            |            |
| Total                                    |         |               |               |                         |                     |          |            | <u> </u>   |
| Balance:<br>Interest on                  |         |               |               |                         |                     |          |            |            |
| Balance:                                 |         |               |               |                         |                     |          |            |            |
| Net Balance:                             |         |               |               |                         |                     |          |            |            |
|                                          |         |               |               | Monthly                 | Non                 | Date     | 1          |            |
| Refundable                               |         |               | Monthly Int.  | Instalments             | Refundable          | Month    |            |            |
| Advance Drawn:                           | Amount  | Interest Rate | Recovery (Rs) | of Advance              | Advance             | Year     | Age        | Amount     |
| Auvance Drawn.                           | Amount  | Interest Rate | Recovery (Rs) | of Auvance              | Auvance             | 1 cai    | Age        | Amount     |
|                                          |         |               |               |                         | I                   |          |            |            |
|                                          |         |               |               |                         | II                  |          |            |            |
|                                          |         |               |               |                         | III                 |          |            |            |
|                                          |         |               |               |                         |                     |          | A 4        | T44        |
|                                          |         |               |               |                         | Final Payment       | :<br>    | Amount     | Interest   |
|                                          |         |               |               |                         | D. M. d. W          |          |            |            |
|                                          |         |               |               |                         | Dt., Mnth., Yr      | •<br>I   |            |            |
|                                          |         |               |               |                         |                     | <u> </u> |            |            |
|                                          |         |               |               |                         | Net Amount P        | aid:     |            |            |
|                                          |         |               |               |                         | (Amount + Interest) |          |            |            |
|                                          |         |               |               |                         |                     |          |            |            |
|                                          |         |               |               |                         |                     |          |            |            |
| Posted by:                               |         |               | Designation:  |                         |                     |          | Date:      |            |
| Verified by:                             |         | _             | Designation:  |                         |                     |          | Date:      |            |

# **Direct Credit Application**

| To:     |                                                                                                      |
|---------|------------------------------------------------------------------------------------------------------|
|         | Please note the following bank details in order to transfer my payroll through direct credit system. |
|         | Bank Name:                                                                                           |
|         | Bank Branch:                                                                                         |
|         | Bank Branch Code:                                                                                    |
|         | Bank Account Type and Number:                                                                        |
|         |                                                                                                      |
| Employ  | ee Name:                                                                                             |
| Employ  | ee Number:                                                                                           |
| Signatu | re and Date:                                                                                         |

# **Last Pay Certificate**

The current Last Pay Certificate (LPC) forms (FTR Rule 230 - Appendix 4), shall be used for this purpose

# **Receipt Voucher**

|                 |                                         | Post Office                       |                              |                      |                   |                                          |
|-----------------|-----------------------------------------|-----------------------------------|------------------------------|----------------------|-------------------|------------------------------------------|
| Cash Depo       | sited at:                               | National Bank of Pakistan         | at                           |                      |                   |                                          |
| (Please tick on | ne)                                     | State Bank of Pakistan            |                              | (Specify Bank Branch | & Branch Code)    |                                          |
|                 |                                         |                                   |                              |                      |                   |                                          |
| Receipt #       | Name & Address<br>of Payer / Department | Full Particulars /<br>Description | Entity<br>(where applicable) | *Detail<br>Object    | Amount<br>Rs.     | Signature & Date of<br>Receiving Officer |
|                 |                                         |                                   |                              |                      |                   |                                          |
|                 |                                         |                                   |                              |                      |                   |                                          |
|                 |                                         |                                   |                              |                      |                   |                                          |
|                 |                                         |                                   |                              |                      |                   |                                          |
|                 |                                         |                                   |                              |                      |                   |                                          |
|                 |                                         |                                   |                              |                      |                   |                                          |
|                 |                                         |                                   |                              |                      |                   |                                          |
|                 |                                         |                                   |                              |                      |                   |                                          |
| (In words)Ru    | pees                                    |                                   | 1                            | *(See on Obverse)    |                   | 1                                        |
| (               |                                         |                                   |                              |                      |                   |                                          |
|                 |                                         |                                   | Verified b                   | y:                   |                   |                                          |
| To be           | filled by DAO / TO                      | - <del></del><br> <br>            |                              | te & Initial of Ma   |                   |                                          |
| Received at:    |                                         |                                   | General /                    | Bank Branch & Co     | ode / Post Office | & Area Code                              |
| Date:           |                                         |                                   |                              |                      |                   |                                          |
| Verified by:    |                                         |                                   |                              |                      |                   |                                          |
| (Against Scro   | (1)                                     | <u> </u>                          |                              |                      |                   |                                          |

#### **Daily Bank Scroll**

# The Main Branch of Bank (SBP/NBP) shall submit a daily bank scroll for each government bank account and for each of the followings:

- 1 Expenditure Federal Government
- 2 Expenditure Provincial Government
- 3 Receipts Federal Government
- 4 Receipts Provincial Government
- 5 Adjustment between government departments
- 6 Adjustment between different government

#### The following information (where applicable) shall be provided on the daily bank scroll.

- 1 Serial number
- 2 Date of payment / receipt
- 3 Cheque number / Payment advice reference
- 4 Receipt number
- 5 Amount
- 6 Description
- 7 Payer name / Payee name

#### **Monthly Main Branch Statement**

Each Main Branch of the Bank (SBP/NBP) shall prepare a Monthly Main Branch Statement which shall provide the following information for each government bank account.

- 1 Date of the month
- 2 Daily total receipts for provincial government
- 3 Daily number of receipt vouchers for provincial receipts
- 4 Daily total receipts for federal government
- 5 Daily number of receipt vouchers for federal receipts
- 6 Daily total expenditures for provincial government
- 7 Daily number of cheques/payment advices for provincial payments
- 8 Daily total expenditures for federal government
- 9 Daily number of cheques/payment advices for federal payments
- Daily total of adjustments made during the month
- 11 Daily number of adjustments

### **SBP Consolidated Monthly Report**

The SBP - HQ shall submit a monthly report to the concerned AG which shall consolidate the information it received from the NBP - HQ and SBP branches. The report shall include the followings.

- Summary of receipts and payments, shown separately for provincial and federal government, for each province.
- 2 Detail monthly statement which include:
  - Date of the month
  - Bank branch name
  - Bank branch code
  - Daily totals of receipts and payments by bank branch and by bank account, shown separately for provincial and federal government.

# **DAO/SE Monthly Reconciliation Statement**

| DAO:          |                               |                                  | Month: |        |              |
|---------------|-------------------------------|----------------------------------|--------|--------|--------------|
|               |                               | Expenditure                      |        |        |              |
|               |                               | 2.ipenaivai e                    | _      | Rs     | Rs           |
| Total annual  | litum on man DAO's Co         | and I adom                       |        |        | v            |
| Total expend  | liture as per DAO's Ge        | neral Ledger                     |        |        | X            |
| Less:         | Unpresented cheque            | s/payments:                      |        |        |              |
|               | Item 1<br>Item 2              |                                  |        | X<br>X |              |
|               | item 2                        |                                  | _      | X      | <b>(X)</b>   |
|               |                               |                                  |        | _      | X            |
| Add:          | Payments or transfer          | s in bank statement/schedule but |        |        | A            |
|               | not in DAO's Genera           | ıl Ledger:                       |        |        |              |
|               | Item 1<br>Item 2              |                                  |        | X<br>X |              |
|               |                               |                                  | _      | X      | $\mathbf{X}$ |
| Adjusted to   | tal avnanditura as na         | · DAO's General Ledger           |        | _      | X            |
| Aujusteu to   | tai expenditure as per        | DAO'S General Leuger             |        | =      | A            |
| Total expen   | diture as per bank sta        | tement/schedule                  |        | _      | X            |
|               |                               |                                  |        | _      |              |
|               |                               |                                  |        |        |              |
|               |                               | Receipt                          |        |        |              |
|               |                               |                                  |        | Rs     | Rs           |
| Total receipt | s as per DAO's Genera         | l Ledger                         |        |        | Y            |
| 10tm11000.pt  | _                             |                                  |        |        | -            |
| Add:          |                               | in bank statement/schedule but   |        |        |              |
|               | not in DAO's Genera<br>Item 1 | ii Ledger.                       |        | Y      |              |
|               | Item 2                        |                                  |        | Y      |              |
|               |                               |                                  | _      | Y      | Y            |
| Adjusted to   | tal receipts as per DA        | O's General Ledger               |        | _      | Y            |
|               |                               |                                  |        | =      |              |
| Total receip  | ts as per bank statem         | ent/schedule                     |        | =      | Y            |
|               |                               |                                  |        |        |              |
|               |                               |                                  |        |        |              |
| Prepared by:  |                               | Signature:                       |        | Date:  |              |

| Verified by: | Signature: | Date: |
|--------------|------------|-------|
|--------------|------------|-------|

### **AG** Consolidated Monthly Report

| AG:           |                               |                      |                                                 |                           | Month:               |                                              |
|---------------|-------------------------------|----------------------|-------------------------------------------------|---------------------------|----------------------|----------------------------------------------|
|               |                               |                      |                                                 |                           |                      |                                              |
|               |                               | Expenditures         |                                                 |                           | Receipts             |                                              |
| DAO<br>Detail | Total Expenditures as per DAO | Reconciling<br>Items | Total Expenditure<br>as per Main<br>Bank Branch | Total Receipts as per DAO | Reconciling<br>Items | Total Receipts<br>as per Main<br>Bank Branch |
| DAO # 1       |                               |                      |                                                 |                           |                      |                                              |
| DAO # 2       |                               |                      |                                                 |                           |                      |                                              |
| DAO # 3       |                               |                      |                                                 |                           |                      |                                              |
| DAO # 4       |                               |                      |                                                 |                           |                      |                                              |
| DAO # 5       |                               |                      |                                                 |                           |                      |                                              |
| DAO # 6       |                               |                      |                                                 |                           |                      |                                              |
| DAO # 7       |                               |                      |                                                 |                           |                      |                                              |
| DAO # 8       |                               |                      |                                                 |                           |                      |                                              |
| DAO # 9       |                               |                      |                                                 |                           |                      |                                              |
| DAO # 10      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 11      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 12      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 13      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 14      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 15      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 16      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 17      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 18      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 19      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 20      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 21      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 22      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 23      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 24      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 25      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 26      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 27      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 28      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 29      |                               |                      |                                                 |                           |                      |                                              |
| DAO # 30      |                               |                      |                                                 |                           |                      |                                              |
| Total         |                               |                      |                                                 |                           |                      |                                              |

| 1000         |  |            |           |  |
|--------------|--|------------|-----------|--|
|              |  |            |           |  |
|              |  |            |           |  |
| Prepared by: |  | Signature: | <br>Date: |  |
| Verified by: |  | Signature: | <br>Date: |  |
|              |  |            |           |  |

# **Daily Balances Exception List**

| AG:          |               |       |              |                            |                              |                        |                         | Month:                       |                        |
|--------------|---------------|-------|--------------|----------------------------|------------------------------|------------------------|-------------------------|------------------------------|------------------------|
| Rank         | <b>Detail</b> |       | Bank Account |                            | Receipts                     |                        |                         | Payments                     |                        |
| Bank Branch  | Branch Code   | Date  | Number       | Amount not in<br>AG Record | Amount not in<br>Bank Record | Date Amount<br>Cleared | Amount not in AG Record | Amount not in<br>Bank Record | Date Amount<br>Cleared |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
|              |               | Total |              |                            |                              |                        |                         |                              |                        |
|              |               |       |              |                            |                              | -                      |                         |                              | •                      |
|              |               |       |              |                            |                              |                        |                         |                              |                        |
| Prepared by: |               |       | _            | Signature:                 |                              |                        |                         | Date:                        |                        |
| Verified by: |               |       | _            | Signature:                 |                              |                        |                         | Date:                        |                        |
|              |               |       |              |                            |                              |                        |                         |                              |                        |

| Verified by: | Signature: | Date: |
|--------------|------------|-------|
|--------------|------------|-------|

## **AG Monthly Reconciliation Statement**

|              | Acco                        | unt:                        |        |              |            |
|--------------|-----------------------------|-----------------------------|--------|--------------|------------|
| AG:          |                             |                             | Month: |              |            |
|              |                             |                             |        | Rs           | Rs         |
| Cash balanc  | e as per Accountant General |                             |        |              | X          |
| Add:         | Unpresented cheques/pay     | ments:                      |        |              |            |
|              | Items 1                     |                             |        | X            |            |
|              | Items 2                     |                             |        | X            |            |
|              |                             |                             | _      | X            | X          |
|              | Receipts in bank statemer   | nt but not in AG's record:  | _      |              |            |
|              | Items 1                     |                             |        | $\mathbf{X}$ |            |
|              | Items 2                     |                             |        | $\mathbf{X}$ |            |
|              |                             |                             | _      | X            | X          |
|              |                             |                             | _      |              |            |
|              |                             |                             |        | -            | X          |
| Less:        | Payments in bank stateme    | ent but not in AG's record: |        |              |            |
|              | Items 1                     |                             |        | $\mathbf{X}$ |            |
|              | Items 2                     |                             |        | $\mathbf{X}$ |            |
|              |                             |                             |        | X            | <b>(X)</b> |
|              |                             |                             |        |              |            |
| Adjusted ca  | sh balance as per Account   | ant General                 |        | -            | X          |
|              |                             |                             |        | -            |            |
| Cash balan   | ce as per bank statement    |                             |        | -            | X          |
|              |                             |                             |        |              |            |
|              |                             |                             |        |              |            |
|              |                             |                             |        |              |            |
|              |                             |                             |        |              |            |
|              |                             |                             |        |              |            |
|              |                             |                             |        |              |            |
| Prepared by: |                             | Signature:                  |        | Date:        |            |
|              |                             | -                           |        | -            |            |
| Verified by: |                             | Signature:                  |        | Date:        |            |
| verifica by. |                             | Digitature.                 |        | Date.        |            |

## **Register of Losses**

| DDO: |  |
|------|--|

| Serial<br>No. | Date | Particulars / Description | Account<br>Code | Amount<br>of Loss | Reasons<br>of Loss | Any Disciplinary<br>Action Taken | Result of<br>Investigation | Amount<br>Recovered | Date & Amount<br>Waived / Written off | Authorized<br>By |
|---------------|------|---------------------------|-----------------|-------------------|--------------------|----------------------------------|----------------------------|---------------------|---------------------------------------|------------------|
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |
|               |      |                           |                 |                   |                    |                                  |                            |                     |                                       |                  |

# **Letter of Assignment**

The current Letter of Assignment, Form TR 11A, shall be used for this purpose.

#### **Liabilities Register**

| Commencement              | Description                   | Class (e.g., domestic  | Managing | Debtor | Original | Remaining | Interest paid | Principal repaid to | Adjustments and | Repayment |
|---------------------------|-------------------------------|------------------------|----------|--------|----------|-----------|---------------|---------------------|-----------------|-----------|
| Debt Type:                | (Domestic loans, Foreign loan | s -one entry per loan) |          |        |          |           |               |                     |                 |           |
| AG/AGPR Office:<br>As at: |                               |                        |          |        |          |           |               |                     |                 |           |

| Commencement date | Description | Class (e.g., domestic floating, foreign) | Managing<br>Division/ Dept | Debtor | Original<br>Amount | Remaining<br>Balance | Interest paid to date | Principal repaid to date | Repayment schedule reference | Interest object<br>head | Repayment object head |
|-------------------|-------------|------------------------------------------|----------------------------|--------|--------------------|----------------------|-----------------------|--------------------------|------------------------------|-------------------------|-----------------------|
|                   |             |                                          |                            |        |                    |                      |                       |                          |                              |                         |                       |
|                   |             |                                          |                            |        |                    |                      |                       |                          |                              |                         |                       |
|                   |             |                                          |                            |        |                    |                      |                       |                          |                              |                         |                       |
|                   |             |                                          |                            |        |                    |                      |                       |                          |                              |                         | ·                     |

**Debt type:** (Employee entitlements, other - one entry per class)

| Date updated | Description | Class (e.g. leave,<br>pension, GP fund) | Managing<br>Divn/Dept or Trust | Estimated<br>Liability | Estimated<br>Liability last<br>year | Payments<br>(current yr) | Employee<br>Contributions<br>(current yr) | Employer<br>Contributions<br>(current yr) | Detail reference | Comments |  |
|--------------|-------------|-----------------------------------------|--------------------------------|------------------------|-------------------------------------|--------------------------|-------------------------------------------|-------------------------------------------|------------------|----------|--|
|              |             |                                         |                                |                        |                                     |                          |                                           |                                           |                  |          |  |
|              |             |                                         |                                |                        |                                     |                          |                                           |                                           |                  |          |  |
|              |             |                                         |                                |                        |                                     |                          |                                           |                                           |                  |          |  |
|              |             |                                         |                                |                        |                                     |                          |                                           |                                           |                  |          |  |

**Debt type:** (deferred liabilities - one entry per class)

| Commencement date | Description | Class (e.g. deposit account) | Managing<br>Division/Dept | Liability<br>Amount | made (current | Deposits made (current year) | Public Account detailed head | Comments |  |  |
|-------------------|-------------|------------------------------|---------------------------|---------------------|---------------|------------------------------|------------------------------|----------|--|--|
|                   |             |                              |                           |                     | year)         |                              |                              |          |  |  |
|                   |             |                              |                           |                     |               |                              |                              |          |  |  |
|                   |             |                              |                           |                     |               |                              |                              |          |  |  |
|                   |             |                              |                           |                     |               |                              |                              |          |  |  |
|                   |             |                              |                           |                     |               |                              |                              |          |  |  |

## **Inter-entity Transaction Form**

|             |                                                                        |            | Transferring        | g Entity                          |                  |         |        |                                  | Re          | ceiving En   | tity   |            |                       |       |        |
|-------------|------------------------------------------------------------------------|------------|---------------------|-----------------------------------|------------------|---------|--------|----------------------------------|-------------|--------------|--------|------------|-----------------------|-------|--------|
| Division/De | Government:  Division/Department:  Date Submitted to Receiving Entity: |            |                     | nter-entity F                     | orm No.:<br>DDO: |         |        | Governm<br>Division/<br>Date Acc | Departm     | ent:         |        |            |                       | DDO:  |        |
|             | Tı                                                                     | ransaction |                     | Settlement/Exchar<br>Account Used |                  | Bank    | Amount | Acc                              | ount Cod    | le to be Del | bited  |            | E/Exchange<br>nt Used | Bank  | Amount |
| Item No.    | Desc                                                                   | cription   | Source<br>Reference | Object                            | Fund             | Account | Rs     | Object Fund Function             |             | Project      | Object | Fund       | Account               | Rs    |        |
|             |                                                                        |            |                     |                                   |                  |         |        |                                  |             |              |        |            |                       |       |        |
|             |                                                                        |            |                     |                                   |                  |         |        |                                  |             |              |        |            |                       |       |        |
|             |                                                                        |            |                     |                                   |                  |         |        |                                  |             |              |        |            |                       |       |        |
|             |                                                                        |            |                     |                                   |                  |         |        |                                  |             |              |        |            |                       |       |        |
|             |                                                                        |            |                     |                                   |                  |         |        |                                  |             |              |        |            |                       |       |        |
|             |                                                                        |            |                     |                                   |                  |         |        |                                  |             |              |        |            |                       |       |        |
|             |                                                                        |            |                     |                                   |                  |         |        |                                  |             |              |        |            |                       |       |        |
|             |                                                                        |            |                     |                                   |                  | Total   |        |                                  |             |              |        |            |                       | Total |        |
| Prepared by | :                                                                      |            |                     | Signature:                        |                  | Date:   |        | Accepted                         | by:         |              |        | Signature: |                       | Date: |        |
| Approved by | y:                                                                     |            |                     | Signature:                        |                  | Date:   |        | Entered b                        | Entered by: |              |        | Signature: |                       |       |        |
|             |                                                                        |            |                     |                                   | •                |         | •      |                                  |             |              |        |            | Date:                 |       |        |
|             | AG/A                                                                   |            |                     |                                   |                  |         |        | PR Use Only                      | <u>/</u>    |              |        |            |                       |       |        |
|             | Entered into Register of Ad                                            |            |                     |                                   |                  |         |        | Adjustment by:                   |             |              |        |            |                       |       |        |
| Signature:  |                                                                        |            |                     |                                   |                  |         |        |                                  |             |              |        |            |                       |       |        |

# **Inter-Entity Advice Note to SBP**

**AG/AGPR:** 

|                 | For the Month of: |              |             |    |  |  |  |
|-----------------|-------------------|--------------|-------------|----|--|--|--|
| Item No.        | Description       | Bank Account | Amount (Rs) |    |  |  |  |
|                 | 1                 |              | Dr          | Cr |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   | Total        |             |    |  |  |  |
|                 |                   | _            |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
|                 |                   |              |             |    |  |  |  |
| Prepared by:    |                   | Date:        |             |    |  |  |  |
| Verified by:    |                   | Date:        |             |    |  |  |  |
| Sent to SBP by: |                   | Date:        |             |    |  |  |  |

## **Register of Adjustment**

| AG/AGPR:       |                          |                      |                       |        |         |           |         |         |         | Month: |               |              |
|----------------|--------------------------|----------------------|-----------------------|--------|---------|-----------|---------|---------|---------|--------|---------------|--------------|
|                |                          | Transaction          |                       | Accou  | nt Code |           | Bank    | Amou    | nt (Rs) |        | Journal       |              |
| Date           | Inter-entity<br>Form No. | Entity to be Debited | Entity to be Credited | Object | Fund    | Function  | Project | Account | Dr      | Cr     | Entered<br>by | Voucher<br># |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                |                          |                      |                       |        |         |           |         |         |         |        |               |              |
|                | •                        |                      |                       | •      |         | •         | •       |         |         | •      | •             | •            |
| Verified by:   |                          |                      |                       |        | S       | ignature: |         |         |         | _      | Date:         |              |
| Posted to Gene | eral Ledger by:          |                      |                       | _      | Date:   |           |         |         |         |        |               |              |

#### Physical Asset Register

| Asset Type: | Asset Number: | PAO: |  |
|-------------|---------------|------|--|

| Addition         |                   |                                      |                          |                         |                             |                 |          |                                     |                    | Capital Imp            | rovement      |      | Change in Location |            |               | Disposal        |                                          |               |                     |                      |                     |               |
|------------------|-------------------|--------------------------------------|--------------------------|-------------------------|-----------------------------|-----------------|----------|-------------------------------------|--------------------|------------------------|---------------|------|--------------------|------------|---------------|-----------------|------------------------------------------|---------------|---------------------|----------------------|---------------------|---------------|
| Serial<br>Number | Purchase<br>Order | Date Asset<br>Acquired/<br>Completed | Identification<br>Number | Particulars/Description | Cost /<br>Value of<br>Asset | Account<br>Code | Location | Manufacturer<br>/Model<br>reference | Warranty<br>Period | Maintenance<br>Details | Entered<br>by | Date | Description        | Cost<br>Rs | Entered<br>by | New<br>Location | Date of Last<br>Physical<br>Verification | Entered<br>by | Date of<br>Disposal | Disposal<br>Proceeds | Disposal<br>Details | Entered<br>by |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             | ·               |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |
|                  |                   |                                      |                          |                         |                             |                 |          |                                     |                    |                        |               |      |                    |            |               |                 |                                          |               |                     |                      |                     |               |

#### **Physical Asset Form**

|                  |                    |              |                   | <b>.</b>                             |                                          |            | 1                   |                      |                    |
|------------------|--------------------|--------------|-------------------|--------------------------------------|------------------------------------------|------------|---------------------|----------------------|--------------------|
| DDO Name:        |                    |              |                   |                                      |                                          | DDO Refere | ence No.:           |                      |                    |
| Division/Depa    | artment:           |              |                   | ]                                    |                                          |            |                     |                      |                    |
| •                |                    |              |                   | I                                    |                                          |            |                     |                      |                    |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
|                  |                    | Asset Detail |                   |                                      | Addition                                 |            |                     | Disposal             | l                  |
| Serial<br>Number | Asset<br>ID Number | Asset Type   | Asset Description | Date Asset<br>Acquired/<br>Completed | Acquired/ Asset Furchase Value Order No. |            | Date of<br>Disposal | Disposal<br>Proceeds | Disposal<br>Detail |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
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|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
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|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
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|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
| Prepared by:     |                    |              |                   | Signature:                           |                                          |            |                     | Date:                |                    |
|                  |                    |              |                   |                                      |                                          |            |                     |                      |                    |
| Approved by:     |                    |              |                   | Signature:                           |                                          |            |                     | Date:                |                    |