

FORM NO. GFR-3 (REVISED)
CLASSIFICATION AND ACCOUNTING PROFORMA

(To be attached with each bill preferred at the Pre-Audit counter of the A.G. Office Quetta)

Account to be charged to:-

Federal	Provincial	District	Tehsil
Govt.	Govt.	Govt.	Govt.

(Please tick the relevant box)

Space for Token/T.V.No.
 (For use in A.G./Treasury Office)

Department: _____

DDO Code: _____

Demand No. _____

Nature of Claim

Contingency	Salary	TA/TTA	GPF	Medical	
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Current Expenditure

(Met from Revenue / Met from Capital)

Development Expenditure

(Met from Revenue / Met from Capital)

Head of Account

Major function code					
Minor Function code					
Detailed Function Code					

Payments

Detailed Object

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Deductions

Detailed Object

					<i>Amount</i>

Gross Claim Rs. _____

Net Claim Rs. _____

Total Deduction Rs. _____

(Appropriation)

Budget Allocation

Additional Allocation

Withdrawals

Total

Total Expenditure

Balance

Signature

Drawing & disbursing Officer (DDO)
 (Please affix Official Rubber Stamp)

Dated: _____

Accepted by Branch Office
 (A.G. Office)

Cheque Number

Amount Rs.

Date:

Voucher:

Bundle Number

NOTE: The Proforma is to be filled with utmost care as it is not only required for control of expenditure but also for accounting
 * Please quote authority

FORM

T.R-88-A see Rule 605 (1)

No. T.H: 58 A

Voucher No.

Dated:

Bill for Drawing G.P Fund Advances/Withdrawals of the Establishment of the _____

FOR THE MONTH OF _____ 20_____

Serial No.	Name of Subscriber and No. and date of sanction	G.P.F A/c Number	Advance with-drawn Rs.	Acquettance
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Total: _____

Net amount required for payment _____ Rupees _____

(in words) Rupees _____

Space for Classification.

SIGNATURE

Designation of drawing Officer

Pay Rs. _____ (in words) Rupees _____

Station _____ TREASURY OFFICER

Dated the

Examined and entered

TREASURY ACCOUNTANT

TREASURY OFFICER

CERTIFICATES

1 Received contents

2 Certified that I have satisfied myself that all sums included in bills in form T.R 58-A drawn one month/Two months/three months previous to this date with the exception of those detailed below (of which the total has been refunded by deduction from this Bill) have been disbursed to the proper persons, and their acquittances have been taken and filled in my office with Receipt Stamp duly cancelled for every payment in excess of Rs. 20/-

Certified that the balance at the credit of the subscriber, the date of withdrawal covers the sum drawn in the bill. The policy No. _____ with the _____ company has already been assigned in favour of the Governor General Council and submitted to Accountant Officer for the details of the Policy proposed to be taken have been communicated to and accepted by the Accountant Officer in his letters No. _____ dated _____). Give details here if more than one policy has to be cited.

For use in Audit Office

Signature _____

Designation: _____

PROFORMA FOR PAYMENT OF G.P. FUND

1	Name of Government Servant / Subscriber	
2	Identity Card No.	
3	Date of Birth	
4	Date of Appointment	
5	Name of Post	
6	Grade	
7	Date & Rate of 1st Deduction of G.P. fund	
8	G.P Fund Account no.	
9	Present Balance of G.P. Fund amount	
10	Whether Balance verified by the Accountant General.	
11	Missing of Deduction of G.P Fund, if any.	
12	Date of Death	
13	Nature of Advance refundable or Non-refundable	
14	How many advances have already been sanctioned.	
15	Whether deduction of previous advances are being made.	
16	Date and rate of last deduction of G.P. Fund	
17	Certified that there is no gap in the service of the subscriber	

PAYROLL SYSTEM

LOANS/ADVANCES AMENDMENTS FORM
OFFICE OF THE _____

Form: PAF-05

Date: _____

Page: _____

DDO Code

Sub-DDO Code

Detailed Dept./ Function Code

Name _____

Designation _____

BPS _____

I.D Card No.

Code:

Description

Drawing Date

Circle Code

Principal Amount

Rate of Ded.

Loan Balance

Interest on Loan

Int. Balance

Page Total

Prepared by _____

Audited/Checked by _____

Entered/Verified by _____

OFFICE OF THE ACCOUNTANT GENERAL BALOCHISTAN QUETTA.
G.P. FUND PAYMENT INFORMATION

Ministry / Div / Deptt: _____ Section: _____

Subscriber Name: _____

Personal No. _____ GPF A/c No. _____

Bank & A/c No. _____ Document No. _____

t.No. & Date: _____ Amount Rs. _____

Cheque No: _____ Payment Date: _____

Accounts Officer (PF-)

Signature of DDO

OFFICE OF THE ACCOUNTANT GENERAL BALOCHISTAN QUETTA.
G.P. FUND PAYMENT INFORMATION

Ministry / Div / Deptt: _____ Section: _____

Subscriber Name: _____

Personal No. _____ GPF A/c No. _____

Bank & A/c No. _____ Document No. _____

t.No. & Date: _____ Amount Rs. _____

Cheque No: _____ Payment Date: _____

Accounts Officer (PF-)

Signature of DDO