

**ANDHRA PRADESH TREASURY CODE FORM NO. 40 A.**  
**Bill for withdrawal from General and Other Provident Fund (Andhra Pradesh)**  
**ANNEXURE**

MH : 8009 - STATE PROVIDENT FUND  
 01 - Civil  
 SH 101 - G.P.F.  
 01 - GPF Regular / Class – IV

With drawing Part / Final Payment / Temporary Advance  
 (Other Withdrawals)

District - Voucher No.  
 Sub Account - General Provident  
 State Provident Fund - Fund Rupee Branch

For the month of

In the Office of the

Name & Designation Of Subscriber	Pay	Fund No. Date A/c. of Sanction	Nature of withdrawal Final advance others payment	Acquittance
Accounts short drawn in this bill Net Amount			Net amount required for Payment Rs.	
Particulars of amounts refunded.			(Rupees)	
Name of the Subscriber	Fund A/c. No.	Date of Drawal	Particulars of Amount drawn	Amount refunded

Please Pay to

Total :

1. Certified that I have satisfied myself that all sums included in bills (Form No. 40-A) drawn on month / two months / three months previous to this date in favour of M/s. \_\_\_\_\_ A/c. No. \_\_\_\_\_ with the exception of those detailed (of which the total has been refunded by deduction in this bill have been disbursed to the proper persons and that their acquittances have been taken and filed in my Office with receipts stamp duly cancelled for every payment in excess of Rs. \_\_\_\_\_.
2. Certified that the balance in the fund at \_\_\_\_\_ on the date of withdrawal covers in the sum drawn in \_\_\_\_\_ in the bill.
3. Certified that the Policy No. \_\_\_\_\_ with \_\_\_\_\_ co., have already been assigned in favour of Governor of Madras and forwarded to the Accountant General for safe custody / the details of Policy / Policies proposed to be taken up have been communicated to and accepted by the Accountant General, Madras in his letter No. \_\_\_\_\_ dated . \_\_\_\_\_.

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S.No.	Name of the Subscriber With Fund A/c. No.	No. of Policy	Name of the Company	Amount of Premium	Due Date of premium	Stock No.
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4. Certified that in respect of withdrawals made in bills (Form No. 40-A) one month/ two months / three months previous to the date towards payment of Insurance premium, the original premia receipts have been within one month of the date of withdrawal forwarded to the Accountant General, Andhra Pradesh for scrutiny with the exception of those relation to \_\_\_\_\_ for \_\_\_\_\_ and the necessary endorsements have been made on the receipts to the effect that no statement of Income Tax is admissible.

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FOR USE IN AUDIT OFFICE

Admitted	Auditor	Item	Details of Objection if any Accountant
Objection			
Total			

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NOTE : The bill for withdrawal or advances final withdrawals should be subscribed by a duly certified copy of the sanctioned the proper forms the letter of authority issued by the Audit Officer.