

FORM No. 8

(See Rule 31)

FORM OF BILL FOR PAYMENT OF PROVIDENT FUND MONEY

Adjustable by

Voucher No.....

Date.....

Bill for withdrawing Final Payment / Advance / other withdrawal from the Kerala Municipal Pensionable Employees
Central Provident Fund of Shri / Smtof
the.....

.....for the month of

Sl. No.	Name of Subscriber and monthly pay	Provident Fund Account No.	No. and date of sanction / letter of authority	Final payment / advance / other withdrawals	Acquittance
Total					

Net amount required for payment (in words)Rupees.....

Space for classification

Signature

(Designation of the Drawing Officer)

Pay Rs.....

Station

(Rupees.....) Date

Contents received

Pay to

Examined and entered

Account

(Signature of Drawing Officer)

CERTIFICATES

I. Certified that I have satisfied myself that all sums included in this bill in Form D drawn 1 month/ 2 months/ 3 months previous to this date in favour of Messrs.....
Account Nos.with the exception or those detailed below (of which the total have been refunded by deduction from this Bill) have been disbursed to the proper persons and that their acquittance has been taken and filed in my office with receipt stamp duly cancelled for every payments in excess of Rs.20.

II. Certified that the balance at my credit/ at the credit of the subscriber on the date of the withdrawal covers the sum drawn in the bill. Certified also that the amount asked for this bill is required is to meet the yearly premium, due on.....in respect of Policy No..... with the Life Insurance Corporation of India and that the policy in question has been assigned to the Governor and is in the custody of the Account Officeror the details of the policy proposed to be taken have been communicated to and accepted by the Account Officer in his letter No.....
dated.....

(signature)

Give details here if more than one policy has to be cited.

(Designation)

FOR USE IN AUDIT OFFICE

Admitted Rs.

Objected Rs.

Accountant

Director of Urban Affairs/ Secretary