

ALTERATION MEMORANDUM

FORM TA- IX

Sec. Local Ruling 7 Under Article 95 of 99 Chapter: IV

Trans. ID No. \_\_\_\_\_

Sub-Treasury Office: \_\_\_\_\_ Treasury Code: \_\_\_\_\_

DDO Code: \_\_\_\_\_

& \_\_\_\_\_ District Treasury Code: \_\_\_\_\_ S.A: NO. \_\_\_\_\_

The Month & Account	Amount to be adjusted	To be debit of Head of Account (-)	Original Amount (Rs.)	To be Credit Head of Account (+)	Original Amount	Bill Gross	Bill Net	Token No. & Date	Reasons for Adjustment	Remarks

RS. \_\_\_\_\_ /- (In words \_\_\_\_\_ only)

I have personally satisfied my self that Alteration purposed is / are necessary

**D.D.O**

**S.T.O**

To  
The Accountant General,A.P.