

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.