

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.