

ASSAM AGRICULTURAL COMPETITIVENESS PROJECT (AACP)

Appendix-2

**FORMAT TO BE SUBMITTED ALONG WITH FUND RELEASE PROPOSALS FOR
DRAWL TA / DA**

Department/ Agency					District	
Name of DDO's Office					Sanction ID	
PCU Sanction Order No.					Date	
Sl	Name of the Official	Designation	TA/ DA for the Month / Year	Amount to be paid in Rs.	Purpose (Field Visit/ Training/ Workshop/ Travel outside State)	Remarks, if any
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
<i>Use Addl. Sheets as required</i>			TOTAL			
Certified that the above amounts are correct & has been calculated as per Government of Assam's Rules and the proposed payment is related to travelling for AACP activities						
Signature of FAO				Counter Signature of DDO		
Name				Name		
Date				Date		
Seal				Seal		
Certified that 1% of the bills pertaining to the above Fund Release Proposal has been examined, found correct and the payment proposed is related to AACP activities						
Addl. Comments, if any						
		Counter Signature of HOD				
					Date	
					Seal	