

AUTHORITY LETTER

Received from the _____ a sum of Rs.....
(Rs..... only) on account of my Pay/Arrears
...../Medical Charges/T.A. Advance/Allowances for the month of

Station:

Dated:.....

(Payees Signature)
Dated:

Please pay the above amount to Sh.....

(Payees Signature)
Dated:

Both the signature of actual payees attested and certified that he is alive today.

Audit Officer(Cash)

S.O./AAO

.....

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