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._____/- (Inwords_____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.