

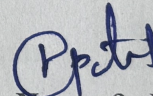
ADVANCE CLAIM FORM (ACF)

Voucher No.: 25
Date : 2/8/2023 } (to be filled by Accounts Branch)

**State of Maharashtra Agri Business & Rural Transformation Project
Advance Claim Form (ACF)**

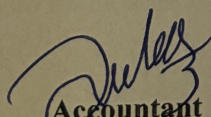
- 1) Name of the person : Smt. Harshali Gajanan Patil
- 2) Designation & Department : BTM, Ratnagiri (TAO Office, Ratnagiri)
- 3) Purpose of Advance : Farmer field school for horticulture crops
- 4) Name of the scheme under : VCDS
which advance taken
- 5) Amount of advance requisitioned : Rs.60,000/- (Rs. Sixty Thousand Only)
- 6) Sanction Oorder details for the said payment:
Order No. 335 Date 2 / 8 / 2023 (order to be attached)
- 7) If any previous advance is pending for settlement : No
- 8) If yes, particulars of outstanding advance amount —
 - a) Date of previous advance —
 - b) Reason for non-settlement —

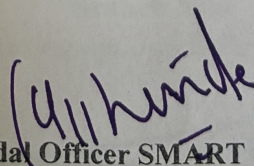
I hereby undertake to recoup the above advance of Rs.60,000/- within a period of one month or completion of the said activity whichever is earlier. I am also aware that the office would deduct the amount from my salary if I fail to recoup the advance within the set time frame.

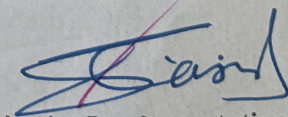

(Applicants Name & dated Signature)

For Accounts Branch

- 1) Advance Payable Rs. Rs.60,000/- (Rs. Sixty Thousand Only)
- 2) Name of the Bank to which amount is to be debited : Union Bank Of India, Ratnagiri.
- 3) Account No. to which amount is to be debited : 321002010054878
- 4) Balance in the said account before payment : _____
- 5) Paid by PPA / Cheque No. Dated :


Accountant
SMART, DIU, Ratnagiri


Nodal Officer SMART
SMART, DIU, Ratnagiri


Head District Implementation Unit,
Smart, Ratnagiri