

**OFFICE OF THE PRICIPAL ACCOUNTANT GENERAL (AUDIT),
ANDHRA PRADESH, VIJAYAWADA**

Lr. No. PAG(Au)/AP/OE/A3/2022-23/Misc

Date: 06.01.2023

CIRCULAR

Sub: Reimbursement of News Papers claims for the period July 2022 to Dec 2022-
Application called for-reg.

The entitlement for reimbursement of News Papers claims in respect of this Office is as under:

| S. No | Officers and Officials | Rates in (Per Month) |
|-------|--|----------------------|
| 1 | ADAI/DG/PAG | 1100 |
| 2 | AG/PD | 850 |
| 3 | SR.DAG/DAG/Director/Sr.AO/AO/Sr.PPS/PPS/Sr.PS/AAOs (Adhoc,RT & Probationer)/DEO Grade F&G/Supervisor/Hindi Officer/Welfare Assistant/Legal Assistant | 500 |

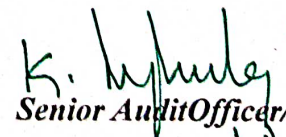
Reimbursement shall be restricted to the above-mentioned ceiling limits against each cadre.

Only ink-signed reimbursement claims will be processed for payment. *(It is to be noted that scanned email-based claims are not being accepted by PAO)*

Individual should ensure that bank a/c details mentioned in the reimbursement claim should be same that of salary a/c details. *(Instances were observed where claims were not processed due to mismatch in bank a/c details, particularly, the IFSC code)* In this regard, it has been advised by Bills Section to get the bank a/c details reconciled (as registered in PFMS) before submitting the newspaper reimbursement claim.

The entitled Officers/Officials may submit their Newspaper claims *for the period July to December 2022* to OE section latest by **05.02.2023**.

This issues with the approval of Competent Authority.


Senior AuditOfficer/OE
06/01/2023

Distribution (for information of all officials):

1. Notice Board
2. IS Wing for uploading in the office website and circulate among the office staff.

Government of India
Ministry of _____
Department of _____

[Statement to be furnished on half-yearly basis by the Government Officer to Administration]

Name of the Applicant: _____

Designation: _____

Department: _____

Pay Level & Basic Pay (Rs.): _____

I certify that I have spent Rs. _____ towards purchase of Newspaper(s) for the months of :

i) Jan-June, 20__

OR

ii) July-December, 20__

[only one option is to be ticked]

I further declare that : i) The Newspaper (s) in respect of which reimbursement is claimed, is/are purchased by me. ii) The amount for which reimbursement is being claimed has actually been paid by me and has not/will not be claimed by any other source.

Date: _____

Signature:
Name:

Account Number :

Ifsc Code :

Branch Name :

Mobile Number :

Emp. ID :