

Branch

Date

Please issue Pay Order(s) as per following details.

Sl No.	Beneficiary's Name & Address	Amount	FOR BANK USE ONLY				
			Comm.	VAT	MICR No.	Txn. Ref.	FCR Serial No.

TOTAL :
In Words:

 In Reimbursement including commission & charges, Please Debit My/our A/C No.

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Account Title : Phone No :

Address

Purpose of the Pay Order

 The Pay Order(s) will be collected by me / Authorized representative

Signature of the representative

Customer's Signature

Attested by the Customer
BANK USE ONLY

 Dr. Tk.
(Br. P.O Suspense A/C)

 Cr. GL-220800001 Tk.
(Payment Order Issued)

 Cr. GL-330100003 Tk.
(Commission on P.O)

 Cr. GL-240500025 Tk.
(VAT on P.O Commission)

 Received Cash Tk.
 & credited to A/C (P.O Suspense A/C).
(Seal)
 Amount in words :

Cashier's Stamp

 Maker

 Txn. Authorizer

 Teller Cash

 Txn. Authorizer