Dr. **OA Account No.**_____; **Head**_____; **Date**_____

Navabharat Bank **Debit Voucher-1**
For Daily Vouchers at Branch

OA Advance Paid

Advance Paid to_____

Purpose of Advance_____

Advance authorized by: ❑ Board; ❑ MD; ❑ Mgr.

Authorisation/Permission No._____ enclosed herein.

Rs._____ Rupees_____

Advance paid to: M/s_____

_____ *(Receiver's Name and Address)*

❑ Certified that the Payment is authorized, particulars registered in the OA Register vide Regn. No._____; the head of account debited is correct.

Branch Manager **Batch/Scroll No.** **Clerk** **HOD/Br.Manager**

Dr. OA Account No._____; Head_____; Date_____

Branch Manager

Post Disbursal Audit/Inspection Findings/Comments:

❑ The disbursal is in compliance with all the statutory/ regulatory provisions and bank's policies.

❑ The following irregularities are noticed and brought to the notice of the Branch Manager:

1.

2. **Concurrent Auditor/General Manager**