

COST CENTER / VENDOR DESCRIPTION FORM

Section Diary No. _____

1. COMPANY CODE: _____ 2. VENDOR NO: _____

3. COST CENTER / VENDOR NEW DESCRIPTION: _____

4. CENTER / VENDOR OLD DESCRIPTION: _____

5. TYPE OF VENDOR (Category): _____

6. NTN _____ (copy of certificate must attach)

7. STRN/Unregistered _____ (copy of certificate must attach)

DDO	Consultant
Gazetted	Non-Gazetted
Company	Owner of Building
By name	Other

8. PSTN _____ 9. PERSONAL NO: _____

10. CNIC NO. _____ (Attach photo copy)

11. DESIGNATION OF VENDOR: _____ 12. SAP Name Match with CNIC Yes No

13. OLD DDO CODE: _____ 14. NEW DDO CODE: _____

15. IBAN(where cheque is to be credited): _____

Bank Verification(Sign & Stamp)

16. Bank Name: _____

17. Branch Name & Code: _____

18. Account Title _____

19. Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

20. Data active in Lahore Yes No 21. All types entered as "Retirement/Superannuation "
(IN CASE OF RETIRED EMPLOYEE) Yes No

22. Bank account of widow entered in system (in case of vendor of Widow of employee died during service) Yes No

23. TYPE OF EMPLOYMENT _____
(REGULAR, TEMPORARY, ADHOC, CONTRACT, DAILY WAGES, OTHERS)

Certificate: -

- It is certified that all Pre Audit checks have been observed and above information is correct.
- It is certified that GST is not applicable to _____

(In case mentioned as unregistered at sr. no. 7)

DRAWING & DISBURSING
OFFICER

ASSTT. A/CS OFFICER
PAYROLL/CDGL

VERIFIED BY
ACCOUNTS OFFICER

SEEN BY
DY. ACCOUNTANT GENERAL
PAYROLL/CDGL