¹[FORM SBY-06 Payment Advice

		- v-y					
Pay	ment Advice No: -		D	100 0010000			
To I	te: < DD/MM/YYYY >						
Central Board of Indirect Taxes and Customs							
[Amritsar/Nasik/Tirupati/Kolkata II/Delhi]							
Reimbursement Sanction Order No							
Order Date< DD/MM/YYYY >							
Name:							
SBY-UIN:							
Am	ount sanctioned (as per Ord	ler):					
	Description	Central Tax	Integrated	Total			

Description	Central Tax	Integrated Tax	Total
Amount sanctioned			
Details of the Ban	k		

	Details of the Bank	
i.	Bank Account no as per application	
	1 11	
ii.	Name of the Bank	
iii.	Name and Address of the Bank / branch	
iv.	IFSC	
V.	MICR	

The amount payable will be debit able to the Functional head ************ under Grant No......of Ministry of Culture for the Financial Year:.....under which the budget has been authorized by the Ministry of Culture to the Central Board of Indirect Taxes and Customs, Department of Revenue, Ministry of Finance.

of Indirect Taxes and Customs, Department of Revo	enue, Ministry of Finance.
Date:	
Place:	
	Signature: Name: Designation: Office Address:
To(SBY-UIN)(Name)(Address)]	_

¹ Inserted vide Circular No. 75/49/2018-GST dated 27/12/2018.