

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)

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.

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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