APPLICATION FOR ISSUE OF SPECIAL IMPREST

Ref No	D
A:	To be completed by Applicant
	(induplicate)
1.	Name as per payroll
2.	Designation3. Department
3.	Check Number5. Salary Scale
6.	Details of Imprest
	(i)
	(ii)
	(iii)
	(iv)
	(v)
	(vi)
	(vii)
	y certify that the particulars given above are correct to the best of my knowledge and that no previous outstanding.
Date	Signature
	(Applicant)
1.	The above officer has no outstanding imprest/has an outstanding imprest
Date	Signature
C:	To be completed by the Head of the Division:
	ove Imprest has been authorized by me and shs is recommended.
	5 to 211.pt 300 1 40 1 10 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1
Date	
	(Head of the Division)
D:	Approval by Accounting Officer
1.	The imprest of shis approved/not approved
2.	This imprest must be retired beforeFailing which the officer will be liable to
	pay a surcharge of 10% of the unretired amount monthly until the whole imprest is retired fully.
3.	Unspent balance (if any) must be refunded in cash.
Data	Signatura
Date	
	(Accounting Officer)
For Ca	sh Officer Use Only:
	t No P.V. No Amount Paid
•	o: Warrant Holder for commitment entry in the Vote book.