



ST. FRANCIS UNIVERSITY COLLEGE OF HEALTH & ALLIED SCIENCES



IMPREST APPLICATION FORM

Name of applicant; _____

Designation: _____

Department: _____

Purpose: _____

Signature of Applicant _____ Date _____

Table with 5 columns: Activity Code, Particulars, Qty, Rate, Amount. Includes a Total Request row.

Amount in words: _____

Applicant has/does not have unretired imprest of Tshs _____

Checked by: HoD: _____ Date: _____ Signature _____

Dean FoM/ Coordinator _____ Date: _____ Signature _____

Verified by: Accounts Office: _____ Date: _____ Signature _____

Human Resources: _____ Date: _____ Signature _____

Approved by DP-ARC _____ Date: _____ Signature: _____

Authorized by DP-PFA _____ Date _____ Signature _____

NB. All imprests be accounted for within Seven Days of return. Any unretired imprest after the Seven Days will be recovered from applicant's salary without notification.