



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 at the bottom.

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.