



ST. FRANCIS UNIVERSITY COLLEGE OF HEALTH & ALLIED SCIENCES



IMPREST RETIREMENT FORM

Name of applicant; \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Purpose: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Table with 4 columns: Particulars, Rate, No. Days/Trips, Amount. Includes rows for Total amount Retired, LESS; Imprest Amount, and Surplus/Deficit Amount.

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. 1. No more imprest will be processed/ paid unless past imprests are fully retired.
2. All imprests MUST be accounted for within Seven Days of return. Any unretired imprest after the Seven Days will be recovered from applicant's salary without notification.