**MOSHI DISTRICT COUNCIL**

**APPLICATION FOR SPECIAL IMPREST/SAFARI IMPREST SHS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART “A”**

**APPLICATION**

1. Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Salary per month Shs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **I apply for Imp rest/safari Imp rest for the Following** reasons:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

3. Imprest must be retired within 14 days of completion of the purpose; otherwise the amount will be deducted from your salary.

Signature of Applicant …………………………………………… Date …………………………..

**PART B**

**Comments of head of department**

I recommend / do not recommend the Special Imp rest to be paid to the applicant for the following

reasons: …………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………..

**Date …………………………** Signature ……………………………

 **HEAD OF DEPARTMENT**

**PART C**

**COMMENTS OF THE – AUDITOR**

According to our books, the position in respect of previous special Imp rest/Safari Imp rest paid to the Applicant is as follows:

 I. Total outstanding Imp rest Shs. ………………………………

 II. Total Outstanding Advances Shs. ……………………………..

**Date …………………………** Signature ……………………………

  **PRE-AUDITOR**

**RECOMMENDATION OF THE TREASURER**

I therefore recommend that the applicant may/may not be paid the Advance/ Imp rest for the

following reasons:

………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

**Date …………………………** Signature ……………………………

**TREASURER**

**PART D.**

**DIRECTOR’S DECISION**

In the light of the above facts, I approve / do not approve the advance/imp rest to the extent of Shs. ………………………………

Any amount spent in excess of this amount without my prior approval will not be accepted.

**Date …………………………** Signature …………………………….

  **DIRECTOR**