

# CSIR-CROPS RESEARCH INSTITUTE



## ACCOUNTABLE IMPREST ADVICE SLIP

NAME: ..... DATE: .....

DIVISION/SECTION: .....

PROJECT NAME: ..... STAFF CODE.....

Dear Sir/Madam,

Please take immediate step to account for the following IMPREST due before or on the date of .....  
 ..... Note that failure to do so before or on the date specified or on the date specified the  
 total amount will be recovered from your salary.

Thanks for your co-operation.

### A. DETAILS OF IMPREST TAKEN

Date	Description	PV Number	Amount Gh¢
	<b>TOTAL</b>		

.....  
 Compiled by:

.....  
 Certified by:

Signature: .....

Signature: .....