

# CSIR-CROPS RESEARCH INSTITUTE



## ACCOUNTABLE IMPREST REQUEST FORM

**NOTE: All Imprest must be accounted for within Two (2) weeks**

NAME: ..... DESIGNATION: .....

AMOUNT: ₵..... DATE: .....

DIVISION/SECTION: ..... STAFF CODE.....

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

PURPOSE: .....

### A. DETAILS OF CURRENT IMPREST REQUEST

Item no	Description	Qty	Price / Rate GH₵	Amount Gh₵
<b>TOTAL</b>				

1. .... 2. .... 3. ....  
 Applicant Signature                      Recommended by                      Endorsed by:  
    Project Leader/Coordinator                      Head of Division

### For Official use only (ACCOUNTS)

### B. RECORD OF LAST IMPREST TAKEN

Date Imprest was taken	P.V. NO	Project/ Unit	Amount requested (GH₵)	Date Imprest was accounted for	Amount accounted for (GH₵)	Signature

Verified by: ..... 2. .... 3. ....  
                                  Accounts Officer                      Approved by:                      Passed for payment by:  
    **Director**                      **Accountant**

4. Received By: ..... Date: .....