CSIR - CROPS RESEARCH INSTITUTE

Project Name: ……

RETIREMENT OF ACCOUNTABLE IMPREST

NAME OF STAFF:…….. DATE:……

STAFF CODE: …… PROJECT CODE……..

DIVISION…….……

IMPREST COLLECTED: ¢……

LESS EXPENSES:

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PURPOSE OF UNDERTAKING……

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SIGNATURE OF APPLICANT

DATE:……

CHECKED BY ……
ACCOUNTING ASSISTANT

COUNTER SIGNED BY

DATE:……

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HEAD OF SECTION

DATE……

EXAMINED BY……
ACCOUNTANT

……
APPROVED BY DIRECTOR

DATE……..

DATE…….……

CERTIFIED BY:……
AUDITOR