

MTWARA-MIKINDANI MUNICIPAL COUNCIL

APPLICATION FOR IMPREST/ADVANCE

TSH.....
(Made under Regulation 163)
APPLICATION

PART A:

1. Name of Applicant.....
Designation.....
Salary Scale.....(Monthly Salary).....
2. I apply for an advance. Imprest as shown above for the following reason
.....
.....
.....
3. The outstanding balance on my accounts is Tshs.....
..... as at.....
4. The recent advance/Imprest was paid to me on.....
.....and now cleared/still excluding the previous
Advance/Imprest

Date.....
.....
(Signature of Applicant)

PART B: COMMENTS OF HEAD OF DEPARTMENT

I recommend/do not recommend the advance to be paid to the applicant for reason given
bellow

.....
.....
.....

Date..... Signature.....
Department.....

PART C: COMMENTS OF TREASURER

According to our books the position in respect of previous advances/Imprests is as
follows.-

Total outstanding to date Tshs.....
I there fore recommend that.....

.....
Date..... Signature

TRESURER

PART D: DECISION

In the light of the vote facts, I approve/do not approve the advance/Imprest applied for
Tsh.....to be recoverable as under.

Date Signature.....

MD- MTWARA-MIKINDANI