UNIVERSITY OF GHANA

FINANCE DIRECTORATE

REF. RY:.....

ACCOUNTABLE IMPREST REQUEST FORM

DEPARTMENT (UNIT):.....

PURPOSE:.....

.....

.....

.....

.....

.....*(Detailed description)*

ESTIMATE/BREAKDOWN OF REQUEST AMOUNT: GH¢ .....*(In figures)*

..... *(Amount in words)*

BRIEF DESCRIPTION	Cost Centre & Expense Code	Estimated Amount GH¢	Budget balance GH¢
1.			
2.			
3.			
4.			
TOTAL			

NB: IMPREST MUST BE FULLY RETIRED WITHIN ONE (1) WEEK AFTER COMPLETION OF ACTIVITY AND FAILURE TO DO SO WOULD BE CHARGE TO THE HOLDER'S SALARY AND OTHER EMOLUMENTS.

EXPECTED DATE FOR COMPLETION OF ACTIVITY: .....

REQUESTED BY: Name (PAYEE) : ..... Signature .....

Designation..... Staff No.: ..... Date.....

APPROVED BY: *(VC, PRO-VC, PROVOST, REGISTRAR, DEAN, DIR., HOD.)*

Name..... Signature.....

Designation..... Date.....

For Internal Audit Use Only:

PRE-AUDITED BY: *(INTERNAL AUDITOR OR REPRESENTATIVE)*

Name..... Signature.....

Designation..... Date & Stamp.....

For Finance Office Use Only:

AUTHORISED BY: *(DIRECTOR OF FINANCE OR REPRESENTATIVE)*

Name.....

Designation..... Signature & Date .....

VALIDATED BY:

Name.....

Signature & Date .....

APPROVED BY:

Name.....

Signature & Date .....

DEBTOR A/C TYPE BALANCE ON I.T.S BEFORE REQUISITION: GH¢.....

REF. RY:..... A/C TYPE:..... CHEQUE NO.:.....