

KARAGWE DISTRICT COUNCIL

APPLICATION FOR SPECIAL IMPREST

TSHS.

**Part A:
Application**

- 1. Name of applicant
- Designation
- Department
- Salary per month Shs.
- Check No.

2. I apply for Special Imprest for the following reasons:-

3. The outstanding balance on my account is Shs.
 as at
 Date

Signature of Applicant

**Part B:
Comments of Head of Department**

I recommend/ do not recommend the Special Imprest Tshs..... to
 be paid to the applicant for the following reasons:

Date

Signature of Head of Department

**Part C:
Comments of the Treasurer**

According to our books, the position in respect of previous special Imprest is
 Tshs.
 I therefore recommend that the applicant may/may not be paid the imprest for the
 following reasons:

Date

Signature of Treasurer

**Part D:
Director's decision**

In the light of the above facts, I approve/do not approve the Imprest to the extent of
 Tshs.

Date

Director