

THARAKA

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UNIVERSITY

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IMPREST REQUEST FORM

Imprest amount.....Date.....

Amount in words:.....

.....

Purpose:

Imprest holder::..... Payroll NO:.....

Signature:

Head of Department

Name :..... date

Signature:.....

Imprest approval

Deputy Vice Chancellor (Administration, Finance and Planning)

Signature:..... Date:.....

Payment

Cheque(s)number:..... Amount:.....

Date:.....

Accountant:.....

N.B: Kindly note that the imprest should be surrendered within seven days after the official assignment failure to which it will be recovered from your salary and necessary disciplinary action will be taken.

