

THE UNIVERSITY OF ZAMBIA

RETIREMENT OF IMPREST

(to filled in triplicate)

Name:	Name:				Man. Number			
School/Unit/Department								
(1) Amount of Imprest Advanced K			Cheque No Date					
DETAILS	Departed from	Date	Arrived at	No. of nights	Rate/ Night	Amount		
(a) Subsistence allowance Date of return:								
(b) Fuel								
(c) Other expenses (specify) (if space not enough attach analysis)								
Total expenses								
(d) Cash balance(attach copy)	Receipt no.		Da	te:				
(2) Total expenses and cash								
Amount recoverable/(payable) (1-2)							
I certify that the expenses were incurred by myself in the course of performing the activity for which imprest was obtained. SIGNATURE of the retiree:								
ACCOUNTANT Date:								
INTERNAL AUDIT		•••••	Da	te:				
APPROVED: DEAN/HEAD								
Distribution: 1st Copy – Accounts;	2 nd Copy – Budg	et Holder;	;	3 rd Co _l	py — Retiree	·.		