

**LOCAL GOVERNMENT SERVICE OF TANZANIA**

FORM: LGSC. 17

APPENDIX 'X'

**APPLICATION FOR AN ADVANCE /IMPREST)**

**T.SHS.....**

**(MADE UNDER REGULATION 1965)**

PART A: .....

**APPLICATION**

1. Name of applicant: .....
  2. Designation: .....Salary Scale.....  
(Monthly salary) .....
  3. I apply for an advance/imprest shown above for the following  
Reason(s) .....
  4. The outstanding balance on my account is T. Shs. ....as  
at:.....
  5. The recent advance/imprest was paid to me on:.....
  6. And is now cleared still outstanding to the extent of T.Shs. ....
- Date: ..... .....

**(Signature of applicant)**

**COMMENT OF HEAD OF DEPARTMENT**

**PART B:**

I recommend/do not recommend the advance to be paid to the applicant for the reasons given below:.....  
.....

Date: .....20.....

**Signature**

**COMMENTS OF TREASURER:**

**PART C:**

According to our books on position in respect of previous advance/imprest is as follows:  
Total outstanding to –date is Shs: .....

(a) Date of recent advance/imprest still outstanding Shs. ....

Therefore I recommend that: .....

.....  
Date: .....20.....

**Signature of Treasurer**

**PART D:**

In the light of the above facts/ I approve/do not approve the advance/imprest applied for by:

.....to the extent of Shs.....

Date: .....20.....

**Signature**

I have received from the Treasury Cheque No: .....

Dated: .....for Shs.....in respect of advance/imprest applied for  
on:.....

Date: .....20.....

**Signature of Payee**

## LUSHOTO DISTRICT COUNCIL IMPREST RETIREMENT FORM

Name of Applicant.....  
 Department.....  
 Department imprest taken.....  
 Amount Advanced Tshs. ....  
 Balance Tshs.....

I certify and declare the attached receipts to support the safari/Special Imprest as attached  
**Below:**

Date	Receipt No	Details	Name of article purchased	Tshs.	Cts.
<b>Total</b>					

Signature of Applicant.....

### **CERTIFICATE OF HEAD OF DEPARTMENT**

I certify that the above Tshs. (In words).....  
 .....  
 correct/not correctly payable to is/area above accordance with regulations and that funds are available under sub vote and quoted above to meet this payment (If not correct state reason here).....  
 .....

Signature: .....

### **CERTIFICATE OF THE TREASURER**

In the light of the above facts. I approved/do not approved the above expenditure for the following reasons:

.....  
 .....

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

### **Certificate of the district executive director**

I approve/do not approve the above expenditure for the following reasons:

.....  
 .....

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

### **FOR OFFICIAL USE ONLY (ACCOUNTS DEPARTMENT)**

Reference PV No: .....Cheque No.....(To be fitted in duplicate)