

MINISTRY OF EDUCATION

Imprest Retirement Form

DATE: PROVINCE/BOARD.....

NAME..... Man Number:

Designation..... Directorate:.....

Purpose of Funds:.....

.....

ZMK

Subsistence allowance.....Nights @.....

Lunch Allowance:

Other Expenses (Attach Bills)

Fuel

Oil

Stationery

Others (Specify).....

Total Expenditure

Less Advance taken on : (Cheque)

Balance due to Employer/Employee

Signature :

Checked by :.....

Approved by: