

EMPLOYEE NAMES	SALARY SCALE	FILE NO.	DIVISION	DATE

IMPREST:	ACCOUNTED:
PV NO:	CR.MEMO:
CHQ NO:	DN NO:
	GRN:

ACCOUNTED AMOUNT: (Attached receipts and signing lists)

ITEM	UNIT	RATE	TOTAL
TOTAL ACCOUNTED	•	•	

IMPREST TAKEN:

NET DUE:

APPROVAL	DATE	SIGNATURE
1. CLAIMANT		
2. HEAD OF DIVISION/STATION		
3. CHIEF ACCOUNTANT		
4. DIRECTORS		

FOR ACCOUNTS USE ONLY								
AC	ACCOUNT CODE		AMOUNT	DR/CR	PAYMENT			
						DATE	CHQ	PAYEE SIGNS
							NO.	
CHECKED BY: POSTE		ED BY:		FILED BY:				

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