

MINISTRY OF EDUCATION

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THE PERMANENT SECERETARY
MECHANISED SALARIES NORTHERN
P.O. BOX 50093
LUSAKA

UFS THE PROVINCIAL EDUCATION OFFICER
P.O BOX 410175,
KASAMA

UFS THE DISTRICT EDUCATION BOARD SECRETARY,
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RE: DOUBLE CLASS ALLOWANCE

MANAGER GROUP NO:

NAME OF SCHOOL

N.B RATE IS PER YEAR KTERM

MINIMUM RATE 30 CONSECUTIVE DAYS

NAME	MAN NO.	PAY - POINT	TERM	YEAR	AMOUNT CLAIMED

Signed:

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A/HEADMASTER/HEADTEACHER

PROVINCIAL EDUCATION OFFICER

DATE:

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PAYMENT APPROVED/NOT APPROVED

APPLICATION FOR SPECIAL IMPREST
KASAMA DISTRICT EDUCATION BOARD
NORTHERN PROVINCE

PART 1

THE CONTROLLING OFFICER

I wish to apply for Special Imprest in terms of **FINANCIAL REGULATION NO.179 and 181** as specified below:-

NAME:..... RANK:.....

MAN NO:.....APPOINTMENT:.....

DEPARTMENT:..... PAY POINT:.....
(as per payslip)

DIVISION IN WHICH SERVING:..... SALARY SCALE:.....

PLACE TO BE VISITED:.....

FROM:..... TO:.....NUMBER OF NIGHTS:.....

PURPOSE OF TRIP:.....

ADDITIONAL IMPREST REQUIRED:.....

PURPOSE:.....

CERTIFIED BY APPLICANT

I have read and fully understood Financial Regulations No. 179 and 181 and I undertake to comply fully with their provisions.

SIGNATURE OF APPLICANT:..... DATE:.....

PART II

I certify that the information given by the applicant in Part 1 is correct. The special impost is Recommended/No Recommended on the following reasons

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SUPERVISING OFFICER:.....

RANK:..... DATE:.....

PART III

I certify that the applicant has not/has.....outstanding
imprest

.....

LEDGER SECTION

NAME:.....

DATE:.....

PART IV

The special imprest is Recommended/ Not recommended for the following
reasons:

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DISTRICT ACCOUNTING OFFICER

DATE:.....

PART V

The applicant is Approved/Not approved.....

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DISTRICT EDUCATION BOARD SECRETARY

DATE:.....

