

IMPREST REQUISITION FORM

Name		Date	
Designation		Location	
Cell		Requested Amount	
Amount in words:			
Purpose:			

Detail of settlement of previous imprest, if any (to be filled by Accounts Cell)		
1	Previous imprest amount outstanding	
2	Amount for which bills already submitted	
3	Amount of imprest in balance/pending as on date	

Remarks from Reporting Officer/Cell Head		
1	Proposed Imprest Amount:	
2	In favour of	
3	Signature of the Approving Authority: Name & Designation: Date:	

Approval from HR Head/CGM/Director		
1	Final Approved Imprest Amount:	
2	In favour of	
3	Mode of Transfer	
4	Signature of the Approving Authority: Name & Designation: Date:	

RECEIPT		
1	Received Imprest Amount:	
3	Signature of Recipient: Name & Designation: Date:	