

**MUHIMBILIUNIVERSITY OF HEALTH AND ALLIED SCIENCES
APPLICATION FOR RESEARCH IMPREST ADVANCE**

Sida Funded Projects

To be filled in duplicate



Name of applicant

Designation: Check No.....

Bank Name:..... Account No.

Email: Mobile number:

Department:

Expenditure Vote.....Expenditure Code.....

Purpose.....

.....

Amount requested TZS.....

(Amount in words).....

.....

Signature of Applicant: Date.....

Name of Principal Investigator..... Sign.....

Coordinator

Sida Sub-programme Signature.....

Date.....

Director of Research and Publications

Overall Sida coordinator.....Signature.....

Date.....

FINANCIAL DEPARTMENT USE

I certify that the previous Imprest advances issued on the above applicant have been retired/have **NOT** been retired

Signature..... Date

Senior Accountant, Asset Management.

IMPREST ADVANCE APPROVAL BY

VICE CHANCELLOR/DVC- PFA/DVC-ARC/DRP)..... Date.....

(For details, terms and conditions of Imprest Advances please see overleaf)

PARTICULARS OF THE IMPREST ADVANCES

| PERSONNEL | |
|--|------------------|
| Description (including period for which the payment applies) | Amount Requested |
| Research Equipments | |
| (i) | |
| (ii) | |
| (iii) | |
| Research Consumables | |
| (i) | |
| (ii) | |
| (iii) | |
| Allowance in TZ | |
| (i) | |
| (ii) | |
| (iii) | |
| Travel | |
| (i) | |
| (ii) | |
| (iii) | |
| Field Works | |
| (i) | |
| (ii) | |
| (iii) | |
| (iv) | |
| Other Costs | |
| (i) | |
| (ii) | |
| G. TOTAL | |

Important

1. The application must be forwarded through the Principal Investigator
2. The Imprest **MUST** be retired within three months from the date when cash was collected or fourteen days (14) after completion of the activity, whichever is the earlier, failure to which proportionate deductions from the applicant's salary will be effected without further notice.
3. Date of Commencement of the activity will be on
4. Date of completion of the activity will be on
5. The Imprest will be retired on
6. Imprest over expenditure is strictly not allowed.

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
APPLICATION FOR PURCHASE IMPREST ADVANCE**

To be filled in duplicate



A: PARTICULARS

Name of applicant

Designation: Check No.....

Bank Name:..... Account No.

Email: Mobile number:

Department:

Expenditure Vote..... Expenditure Code.....

Purpose.....

.....

Amount requested TZS.....

(Amount in words).....

.....

Signature of Applicant: Date.....

Section Head: Name..... Sign..... Date

Department Head: Signature..... Stamp..... Date.....

B: FINANCIAL DEPARTMENT USE

I certify that the previous Imprest advances issued on the above applicant have been retired/have **NOT** been retired

Signature..... Date

Senior Accountant, Asset Management.

C: IMPREST ADVANCE APPROVAL BY

The Imprest advance is approved/Not approved

Vice Chancellor/Deputy Vice Chancellor: Signature..... Date.....

(For details, terms and conditions of Imprest Advances please see overleaf)

PARTICULARS OF THE IMPREST ADVANCE

| ITEM | DESCRIPTION | AMOUNT |
|------------------------|--------------------|---------------|
| Materials | | |
| | | |
| | | |
| | | |
| Travel/Transport | | |
| | | |
| | | |
| Entertainment (Jamala) | | |
| | | |
| | | |
| Others (Specify) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | |

Important

1. The application must be forwarded through the Head of Section and then to the Head of Department
2. The Imprest
3. **MUST** be retired **within fourteen days (14)** from the date when cash was collected, failure to which proportionate deductions from the applicant's salary will be effected without further notice.
4. Imprest Over Expenditure is strictly **NOT** allowed.

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
APPLICATION FOR RESEARCH IMPREST ADVANCE**

To be filled in duplicate



Name of applicant

Designation: Check No.....

Bank Name:.....Account No.

Email:Mobile number:

Department:

Title of Project

Expenditure Code.....

Purpose.....

Amount requested TZS.....

(Amount in words).....

.....

Signature of Applicant: Name.....Signature.....

Head of Department - Name.....Signature.....Stamp.....

FINANCIAL DEPARTMENT USE

I certify that the previous Imprest advances issued on the above applicant have been retired/have not been retired

Signature..... Date

Senior Accountant, Asset Management.

IMPREST ADVANCE APPROVAL BY

VICE CHANCELLOR/DVC- PFA/DVC-ARC/DRP)..... Date.....

(For details, terms and conditions of Imprest Advances please see overleaf)

