

**Application for Annual Imprest Limits for the Year - 2024**

Name of the Ministry/Department/District Secretariat: .....

Expenditure Head : .....

Rs. ' 000

Group	Description of Budgetary Provision							Total Provision	Deductions				Total Deductions	Allocation from Other Depts.	Imprest Limit	Revenue Estimate/ Deposits/ Other Collections	Imprest Req. from the Treasury		
									Cross Entries	Allocation to Other Depts (TOD/IMP/03)	Allocation to D/Sec (TOD/IMP/03)	Grants to Gov. Institutions						Foreign Aid loan-12	
( 1 )								( 1 )	( 2 )	( 3 )	( 4 )	( 5 )	( 6 )	2+3+4+5+6=(7)	( 8 )	1-7+8=(9)	( 10 )	9-10=( 11 )	
	<b>Programme Services (Recurrent Expenditure)</b>																		
	<b>Programme</b>	<b>Salaries(1001-1003)</b>		<b>Other Allowances paid with the salary</b>		<b>Others</b>													
	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	<b>Sub Total -1</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	<b>Programme Services (Capital Expenditure)</b>																		
	<b>Programme</b>	<b>Consolidated Fund (11)</b>	<b>F.A.Loan (12)</b>		<b>F.A (13/16)</b>		<b>R.F.A (14/15)</b>												
			<b>D.F (17)</b>	<b>F.A. Loan (12)</b>	<b>D.F (17)</b>	<b>F.A. 13/16)</b>	<b>D.F. (17)</b>	<b>R.F (14/15 )</b>											
	1	-							-	-	-	-	-	-	-	-	-	-	
	2	-							-	-	-	-	-	-	-	-	-	-	
	3	-							-	-	-	-	-	-	-	-	-	-	
	<b>Sub Total -2</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
( 3 )	<b>Deposit Account</b>							-	-										
( 4 )	<b>Public officers Advance Account</b>							-											
( 5 )	<b>Other Advance Accounts</b>							-											
	<b>Sub Total - 3</b>							-	-	-	-	-	-	-	-	-	-	-	
	<b>Grand Total ( 1+2+3)</b>							-	-	-	-	-	-	-	-	-	-	-	

All the information given in the above table are certified as correct.

Prepared By:.....

Checked By:.....

Chief Financial Officer/Chief Accountant/Director (Finance) - Signature : .....

- Name : .....

- Official Stamp

E-mail : .....

Telephone No : .....

Date : .....

\*Detailed calculations should be give in a separate sheet

**Statement of Monthly/Quarterly Cash Flow as per approved Expenditure Plans for the year 2024**

Name of the Ministry/Department/District Secretariat: .....

Expenditure Head : .....

	To pay expenditure (with expenditure subject code number)	Cash Requirement for the approved expenditure plans														Rs.' 000		
		January	February	March	Ist Qtr Total	April	May	June	2nd Qtr Total	July	August	September	3rd Qtr Total	October	November	December	4th Qtr Total	Grand Total
I	Salaries and allowance (1001 and 1003 )				-				-				-				-	-
	Other Allowances paid with salary(Except object code 1003)				-				-				-				-	-
II	Overtime and Holiday pay (1002)				-				-				-				-	-
III	All other Recurrent Expenditure				-				-				-				-	-
	<b>Total Recurrent</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
IV	Reimbursable Foreign Aid				-				-				-				-	
V	Other all Capital Expenses				-				-				-				-	
VI	Public Officers Advance Account				-				-				-				-	
VII	Deposit Accounts				-				-				-				-	
VIII	Other Advance Accounts				-				-				-				-	
	<b>Grand Total</b>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

All the information given in the above table are certified as correct.

Chief Financial Officer/Chief Accountant/Director (Finance) - Signature : .....

Prepared By:.....

- Name : .....

- Official Stamp

Checked By:.....

Date - .....

\*This amount should be tallied with grand total in column no.11 of the Form No:TOD/IMP/01

Name of the Ministry/Department/District Secretariat: .....

Expenditure Head : .....

**(i) Allocation to other Ministries/ Departments – 2024**

Rs.' 000

Head No.	Ministry/ Department	Capital	Recurrent ( Rs)			Grand Total	
			Personal Emoluments		Other Recurrent		Total
			1001	1002/1003			
						-	-
						-	-
						-	-
						-	-
						-	-
	<b>Total</b>	-	-	-	-	-	-

**(ii) Allocation to District Secretariats - 2024**

Rs.' 000

Head No	DSS	Capital	Recurrent (Rs.)			Grand Total	
			Personal Emoluments		Other Recurrent		Total
			1001	1002/1003			
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
						-	-
	<b>Total</b>	-	-	-	-	-	-

All the information given in the above table is certified as correct.

Chief Financial Officer/Chief Accountant/Director (Finance) - Signature: .....

Prepared By :- .....

- Name : .....

Checked By :- .....

- Official Stamp

Date - .....

Name of the Ministry/Department/District Secretariat: .....

Expenditure Head : .....

**Estimates for Allowance paid with Salary (Except object code 1003) for 2024**

Rs.' 000

Type of Allowance	January	February	March	April	May	June	July	August	September	October	November	December	Grand Total
Fuel	-	-	-	-	-	-	-	-	-	-	-	-	-
Transport	-	-	-	-	-	-	-	-	-	-	-	-	-
Telephone	-	-	-	-	-	-	-	-	-	-	-	-	-
Housing	-	-	-	-	-	-	-	-	-	-	-	-	-
Property loan Interest	-	-	-	-	-	-	-	-	-	-	-	-	-
Other													-
Total	-	-	-	-	-	-	-	-	-	-	-	-	-

All the information given in the above table is certified as correct.

Chief Financial Officer/Chief Accountant/Director (Finance) - Signature : .....

- Name : .....

Prepared By :- .....

Checked By :- .....

- Official Stamp

Date - .....

Name of the Ministry/ Department/ District Secretariat: .....

Format No : TOD/ IMP /10(I)

Expenditure Head : .....

[Duly filled formats should be submitted with the Monthly Imprest Request Format (TOD/IMP/04)]

**Monthly Report for Outstanding Bills- .....2023**

Rs.Mn

Description (1)	Vote Description (Major category levels) (2)	Unsettled outstanding bills as at .....					Total (3)+(4)+(5)+(6) = (7)	Whether the Provisions were Available at commitment stage of arrears bills as mentioned in column (7) ( Yes /No) (8)	Available Balance Provision amount under 2023 Budget as at 31.12.2023 (9)	Available Provision amount under 2024 Budget (10)
		Less than 1 Month (3)	Between 1-2 Months (4)	Between 2-3 Months (5)	(6)					
					2024	2023				
<b>Recurrent</b>	(i)Traveling Expenditure						-			
	(ii)Supply						-			
	(iii).....						-			
	(iv).....						-			
<b>Total Recurrent</b>		-	-	-	-	-	-	-	-	
<b>Capital</b>	(i) Rehabilitation of Capital assets and improvements									
	(ii) Acquisition of capital assets									
	(iii).....									
<b>Total Capital</b>		-	-	-	-	-	-	-	-	
<b>Grand Total</b>		-	-	-	-	-	-	-	-	

(Please note that all the data submit through the format should be perfectly verified and tallied with the relevant data sources such as data from sub offices, other projects offices etc., as applicable to your Ministry/Department. Special capital projects should be separately indicated in the given format.)

Prepared By:.....

Chief Financial Officer/ Chief Accountant/ Director (Finance) – Signature: .....

Checked By:.....

– Name: .....

– Official Stamp:

E-mail : .....

Telephone No : .....

Date : .....