No: NITANP/Code/Year/Outward No. Date: dd.mm.yyyy

**REQUEST FOR RECOUPMENT OF IMPREST AMOUNT**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Name of the Department/ School/ Centre/ Section/ Cell/ Office | : |  |
| 2. | Designated Employee to whom the imprest is sanctioned | : |  |
| 3. | Name of the Employee in position and the claimant | : |  |
| 4. | Reference note Approval/ Order of sanctioning imprest | : |  |
| 5. | Imprest Amount sanctioned to the respective employee | : |  |
| 6. | Imprest Utilized for this term | : |  |
| The details of spend expenditure is as under: |
| **S. No.** | **Bill/ Voucher No. & Date** | **Name of the firm & Place****(M/s.)** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total** |  |

**Prepared by**

**(Name & Designation)**

**Declaration by imprest holder:**

1. As per rule 145 of GFR 2017 it is to declare that I am personally satisfied that the above goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at a reasonable price.
2. The material procured against the above bills is entered in the stock register/ ledger and is on record for stock/ledger verification, if applicable.
3. I hereby declare that the cash vouchers are paid by me to the person for a work/service essential for the official need of this office and the identity card of the receiver is herewith attached for future reference, if any.

Hence, I request for recoupment of the above-declared expenditure against the sanctioned imprest amount considering the invoices/ bills/ vouchers attached as above.

**Signature of Designated Employee to whom imprest is sanctioned**

To

**Pay & Accounts Section**