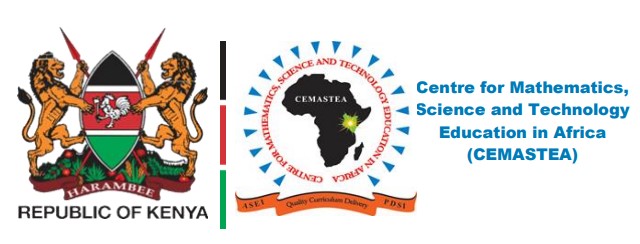
**GOP/FA/F2**



IMPREST SURRENDER FORM

NAME: ……………………………………………………………………… DATE……………………………………

**Part (A):** Details of Imprest

Purpose/Nature of Duty Date(s) of Activity Amount(Kshs)

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Total Amount Required ……………………………..

**Part (B) :** I have no outstanding imprest as at today.

Signature of Applicant:………………………………………………

Date…………………………………………………………………………..

**Part (C) :** All my previous imprests have been fully surrendered. Sign…………………….. Date……………………….

**Part (D) :** Checked by :………………………………………………………………….Date…………………………………………

Approved by :………………………………………………………………..Date………………………………………….

*ISO 9001:2015 CERTIFIED