**RECOUPMENT OF IMPREST**

*Recoupment No.: Recoupment period:*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | Emp. No.: | |  | | |
| Designation: | |  | | | Department: | |  | | |
| Imprest Amount: | |  | | | Amount Claimed: | |  | | |
| Approval No. | |  | | | Approved Date: | |  | | |
| Bank Name: | |  | | | Bank Account No.: | |  | | |
| **DETAIL OF EXPENDITURE** | | | | | | | | | |
| ***NOTE:***   1. *Fill in the below table for bill amounts in the order of date of expenditure incurred and enclose the* bills/cash memos/receipts accordingly. 2. *Use additional sheet, if required.* | | | | | | | | | |
| Sl.No. | Name of Supplier | | Bill No./Cash memo | Bill date | | Amount | | | Purpose of purchase |
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| **TOTAL** | | | | | |  | |  | |

1. Certified that the particulars mentioned in this recoupment of imprest is true to the best of my knowledge and belief and that the expenses incurred were wholly in the interest of the company.

**(Signature of employee) (Signature of the Controlling Officer)**

**Date Date**

**Chief Financial Officer**