

Name.....	
Department.....	Amount of Advance K.....
Location .....	Date Received .....
Purpose of .....	From Finance .....
Advance .....	Cash Office .....

## Cash Office

Reg. No,

Consec. No.

Date	Details of Services and/or Goods paid for	Rate	Amount		Signature of Witness to Payment

I certify that the above named persons were paid the amounts set opposite their names in the presence of the witness/es

.....

Advance Holder                      Date

Total expended.....

Cash on hand.....

Total Advance K .....

Cash on hand re-  
turned to Cash/PT  
DT Office

Receiving Officer/  
Official Receipt.

Date Claim Rec'd .....  
Registered .....  
Not Previously Paid .....  
Examined .....  
B.C Action .....

C.F.C

VOTE

AMOUNT

Certifying Officer -- I certify that this account is correct within the meaning of the *Public Finances (Management) Act*.

Certification -- I certify that this account is correct as regards rates of charge and the faithful performance of the services charged.

Financial Delegate

*Certifying Officer*

Date .....