

## STATEMENT OF RECEIPTS AND PAYMENTS

Location:.....  
Period:.....

Reimbursement No.:.....

### SECTION A--

- 1 Brought forward from Section A item 8 of last statement.....
- 2 Less excess cash (B.1) forwarded or receipted since last statement.....
- 3 Sub-Total (Begin following calculations from here).....
- 4 Add Reimbursement/s received since last statement.....
- 5 Add collections as per Receipt Schedule (Form 12).....
- 6 Sub- Total.....
- 7 Deduct Payments as per Payment Schedule (Form 11).....
- 8 Cash on hand should be..... K

SPECIFICATION OF REIMBURSEMENT REQUIRED		
K 20 .....	.....	.....
K 10 .....	.....	.....
K 5 .....	.....	.....
K 2 .....	.....	.....
K 1 .....	.....	.....
50t .....	.....	.....
20t .....	.....	.....
10t .....	.....	.....
5t .....	.....	.....
2t .....	.....	.....
1t .....	.....	.....
TOTAL K	.....	.....

### SECTION C--

1 CASH ON HAND		
K 20 .....	.....	.....
K 10 .....	.....	.....
K 5 .....	.....	.....
K 2 .....	.....	.....
K 1 .....	.....	.....
50t .....	.....	.....
20t .....	.....	.....
10t .....	.....	.....
5t .....	.....	.....
2t .....	.....	.....
1t .....	.....	.....
Duty Stamps.....	.....	.....
Total K	.....	.....
2 Add amount of outstanding Advances as per Advances Register (FF14 attached)		
3 TOTAL K	.....	.....

### SECTION B--

- 1 Amount by which Item 5 exceeds Item 7..... K  
(Forwarded to PT) or
- 2 Amount by which Item 7 exceeds Item 5..... K  
(PT will reimburse)

#### ACCOUNTING OFFICER

Declare here any discrepancy between Section A, Item 8 and Section C, Item 3.

1. Cash on Hand K  
(Section A8)
2. Cash on Hand Plus  
O/S Advances  
(Section C3) K  
Surplus, (2 exceeds1) K  
Brought to Account on O/R  
OR  
Deficiency (1 exceeds 2) K  
made good by me on (date)

Signed:

#### HANDOVER/TAKEOVER CERTIFICATE

I certify that I have handed over the .....  
.....station imprest advance this day.....  
...../...../.....(date) and received official receipt  
Number.....for the sum of K .....

**Signature**

I certify that I took over the .....  
.....station imprest advance this  
day ...../...../.....(date)  
(Voucher No. ....)(Refers)

**Signature**

**Signature of Accounting Officer**

### SECTION D--

- (a) Cash on hand per Item A8.....
- (b) Less excess cash (B1) from this Reimbursement (if any).....
- (c) Sub-Total.....
- (d) Add Reimbursement required (if any).....
- (e) Add Reimbursement(s) in transit (if any).....
- (f) Minus amount at B1 of earlier Reimbursements not yet sent or receipted.....
- (g) Amount of Station Imprest Advance..... K