		RETIF	REMENT OF	IMPREST			
me of Of	ficer			Designation		<u> </u>	
inistry/Re	gion						
	of	Cofori		terminate	d on		
mirest No. of		of 20	for Shs		i	issued at	
prostrio							
5		OFFI	CER'S CER	TIFICATE			
certify tha	t I travelled to _			where I stayed for		Nights.	
am therefo	ore entitled to S	Subsistence Allow	vance of Shs.			lus	
cidental E	expenses of Shs.	•		Arrived at as follo	ws		
ate of	Place	Date of	Place	Number of	Rate of	Total	
eparture		Arrival		Nights	Allowance	Subsistance	
					+		
							
					1		
dd: Incid	iental Expenses	payable under Pa	aragraph 6 of S	Staff Circular No.6	of 1976.		
					- 		
			_				
				lot	al Claim - She	5.	
				Officer's Signatur	re		
					TO TO		
		AUTHORISE	NG OFFICE	R'S CERTIFICA	LIE		
		AUTHORISE	NG OFFICE				
certify tha	nt Ndugu				to		