

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF FINANCE

APPLICATION FOR PETTY CASH ADVANCE



A: PARTICULARS

Name of applicant

Designation: Check No.....

Email:Mobile number:

Department:

Signature of the Applicant:..... Date:.....

B. DETAILS, QUANTITY AND AMOUNT REQUESTED

No.	Purpose/Item	Units Quantity	Amount (TZS)
1			
2			
3			
TOTAL			

C. ENDORSEMENT/COMMENTS BY HEAD OF DEPARTMENT

.....

.....VOTE CODE.....

NAME:..... SIGNATURE:.....DATE.....

D. DECISION BY DIRECTOR OF FINANCE



The Petty Cash advance is APPROVED/NOT APPROVED

.....

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NAME:..... SIGNATURE:.....DATE.....



E. IMPORTANT

1. The application must be forwarded through the Head of Department
2. Proper supporting document must be attached to justify the quantity and amounts requested.
3. The Petty Cash **MUST** be retired within 3 working days form the date when cash was collected, failure to which proportionate deductions from the applicant's salary will be effected without further notice
4. For purchase of goods, the receipt (Electronic Fiscal Device – EFD) must be accompanied by Goods Receiving Note (GRN)