AKENTEN APPIAH-MENKA UNIVERSITY OF SKILLS TRAINING & ENTREPRENEURIAL DEVELOPMENT M06 - SPECIAL ADVANCE RETIREMENT FORM

Part A - Details of Applicant Name: _____ Telephone Number: _____ Faculty/Department/Division/Section: Part B - Details of Special Advance Taken PV Number: ____ Amount: GH¢ _____ Date (DD/MM/YYYY): Cheque Number: Part C - Details of Expenditure Made Please provide details of the expenditure paid with the special advance and attach the relevant receipt(s). GL Code SN Item SRV Number* (Official use only)Amount (GH¢) Total Expenses Less Special Advance Taken Excess Expenditure (See below) Unused Special Advance (Refunded per Receipt No.:.... * Please quote the number and attach a copy of the Stores Receipt Voucher (SRV) for asset/general stores purchased. **Applicant's Declaration** (Please read carefully before signing) 1. I understand that no refund will be made to me in respect of excess expenditure for which the prior approval of the Finance Officer was not obtained. 2. I have attached the relevant receipts and SRV certified by the University Stores Superintendent and Internal Audit in support of this retirement. 3. I confirm that any asset(s) purchased with the special advance being retired has been duly labeled and entered into my Departmental Asset Register. Date(DD/MM/YYYY) Signature of Applicant Part D - Certification by Head/Dean Head/Dean Signature Date(DD/MM/YYYY) Part E - Certification by the Internal Auditor We are satisfied that the expenditure incurred is genuine and supported by relevant receipts and other documentation Signature of Internal Auditor Date(DD/MM/YYYY)

This Form has been designed in accordance with Section 15.2.1 of the University's Financial and Stores Regulations. It is to be used only for the claim for which it is meant.					